

**Using a Community of Practice approach to understand  
collaborative knowledge development amongst mental  
health nurse students and practitioners**

by

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## ABSTRACT

Individual learning approach theory influences university practice. However, others advocate social learning theories. This thesis describes a mixed methods study investigating social learning amongst students and qualified mental health nurses.

Research questions investigated how social participation supports the learning of student mental health nurses and the practice of Registered Mental Health Nurses. Implications for pedagogical design are also considered.

Fourteen semi-structured interviews with student mental health nurses and practicing mental health nurses were completed. Data was analysed using interpretive phenomenological analysis and the value creation framework designed by Wenger *et al.* (2011).

Informal social contact influences student learning and nursing practice. Mental Nurse training is stressful, partly because students encounter a range of clinical teams. However, these encounters also enrich learning. Participants judge others, gravitating towards people with a similar outlook. Social networks developed over time underpin mental health nursing practice.

In conclusion, nurse training should recognise that social interaction influences learning outcomes. Students require appropriate placement support whilst recognising that encounters with different ideas support learning. Social networks support nursing practice and students should be encouraged to begin to develop contacts. Future research might investigate the relationship between individual and social learning theories.

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# **CHAPTER 1: INTRODUCTION**

## **1.1: Thesis introduction**

This thesis investigates an aspect of social learning theory within the context of mental health nursing training. The study aims were to develop understanding of the role that social interactions play in the development of student nurse learning and practice as well as that of qualified mental health nurses and to outline how such understanding might inform pedagogy and teaching practice within higher education. The study reviewed the learning and practice of both mental health nursing students and qualified nurses and examined the socially mediated aspects of the development of learning. Whilst others have examined aspects of this work in other practice areas, the focus of this study within mental health nurse education and practice is innovative. I am a mental health nurse lecturer and this study developed from reflection upon university teaching practice, from studies of educational theory as part of the EdD course as well as my background within Mental Health care.

The approach to teaching and learning within my institution emphasises the importance of interactions with individual learners. Individual student learning theories (Biggs, 2003b) have been important drivers behind the adoption of such an approach. Many aspects of practice within my institution emphasise individual student performance. For example, every new lecturer is required to complete a course of study dominated by ideas about student learning approach theory. Much of the teaching within the university is lecture based and students complete individualised learning assessments such as essays and exams. Where group learning is a part of the module design, it is common practice to allocate the student cohorts randomly into sub-groups. The justification for this approach is to stop students working solely with friendship groups and to make them gain experience of working collaboratively alongside people with whom they are unfamiliar.

A quantitative approach to student cohorts dominates many aspects of practice within the university where I work. Module feedback measures student group satisfaction and the annual National Student Survey results (2014) receive a great deal of attention within the university. Modules are assigned benchmark targets for percentage of students passing at first attempt or at resubmission. Data about activity within modules provides information about how many contact hours students spend in lectures, tests or group working. The university closely monitors individual student attendance at lectures and there are moves towards adopting metrics (Joint Information Systems Committee [JISC], 2015) which measure student engagement by using algorithms designed to highlight students at risk of disengaging from studies.

It was because of such a focus that I used individual student learning approach theory as the basis for my Master's Degree in Education. This study examined student-learning approaches as measured by a study process questionnaire developed by Biggs (2003b). It attempted to identify a connection between student learning approach and assessment outcome. The study found that student accounts of learning did correspond quite closely with descriptions of learning approaches described by Biggs. However, examination of data from the study interviews showed that students frequently referred to the value of interactions with their peers in development of their understanding. It was clear that students developed a structure to their studies, which incorporated different parts of their experience such as academic work, clinical experience, relationships with other students as well as their home lives. Whilst the study had shown some interesting ideas about student learning, it also raised questions (but no answers) about the possible effect of underlying social processes and their influence upon learning.

Reflection upon my teaching practice as well as conversations with colleagues shows that there is awareness of the way in which group dynamics and external factors affect the

collective mood and intentions of learners. Conversations with colleagues reveal that students react more or less favourably to different lecturers on different days. It is also clear that student cohorts contain sub-groupings with different characteristics. Relationships between these factions range from cordial, to indifferent to occasional hostility. Conversations with students suggest that they either measure themselves against or compete with their peers. They rely on others to keep up with deadlines or to find out details of lectures they have missed or sessions attended that were misunderstood. They develop complex support networks, which span university peers, friends and family. These support systems help them with academic work, clinical placements and life events. Help given and offered includes practical assistance as well as emotional support and life coaching.

The official administrative view of student cohorts conceives of them as being relatively homogenous. The pilot study for this thesis found that interactions within and between student cohorts suggests a lively sub culture of friendships, support or conflict – all of which has potential to support or undermine learning (note that this has now been published in a peer reviewed journal – see Walsh, 2015). As discussed, the currently dominant paradigm focuses upon individualised approaches. Therefore, this thesis develops ideas about how an understanding of social learning theory could also inform pedagogy.

## **1.2: The research focus**

The author of this thesis is a mental health nurse lecturer within a large health care education faculty of a University in England. In the UK, nurses are educated on programmes approved by the Nursing and Midwifery Council (NMC), which is the regulating organisation for nurses and midwives. Nursing students study for at least three years full-time.

In the first year of nurse training courses, all students have to learn essential basic skills. In years two and three, they progress to study their chosen specialism, which may be Adult, Mental Health, Learning Disability, or Children's nursing. Half of their training has to be

within clinical placements. The NMC (2010) ruled that from September 2011, registered nurses had to be educated to at least degree level. Mental health nursing students share the journey with a peer group who started the course at the same time as them. Over the course of the three-year program, they spend time in university study alongside their fellow students. As will be discussed in this thesis, they form relationships that are important to the successful completion of their studies. As well as time spent studying in university, the students also have to work in clinical practice. Over the course of their three-year training, the students currently have seven periods of clinical experience within a range of practice areas. These placement allocations are between four and twelve weeks in duration and whilst in clinical practice the students work alongside a qualified nurse mentor. The NMC (2008) sets out standards for nurse mentors, which requires them to be qualified nurses who take responsibility for supporting and assessing student learning in clinical practice. In theory, the course structure should ensure an equal emphasis on the acquisition of theoretical and clinical learning. However, there are ongoing concerns that the students experience a 'theory-practice gap' and have difficulty applying ideas learnt in the university into clinical work (i.e. Côté *et al.*, 2012; Musker, 2011).

In summary then, students are engaged in learning abstract theoretical ideas within the academic part of their studies. They are required to attempt implementation of these ideas in practice whilst also working alongside established and experienced practitioners. In university they work alongside peer groups and in practice, they have to learn how to work within established communities of practicing nurses. Once they finish their course and qualify as nurses they will be required to work as part of a team. As will be discussed in more depth in the following chapter, CoP theory emphasises the centrality of social interaction and learning. Part of the reason why this study has adopted this as a theoretical approach is that this seems to fit with current nurse training in the UK. However, despite this emphasis, and as will be

discussed further on in this thesis, much of their current educational preparation and assessment treats them as individual learners. Therefore, part of the purpose of this study is to examine how social processes influence and support student learning and to consider how such an understanding might influence future pedagogical approaches and these factors led to development of the first study question (outlined below).

The second study question (also detailed below) developed from reflection about the role of qualified mental health nurses. The NMC (2011) requires Registered nurses to engage in a process of ongoing knowledge and skills development in order to remain on the Nursing register. Concerns discussed above about the theory practice gap are of equal concern to the Registered nurses. In their role as mentor to the students, the qualified nurses have a powerful role in the preparation of new nurses. Therefore, because of this central role in nurse training the study also examines the influence of social approaches upon the practice learning of qualified mental health nurses. A factor relevant to the theoretical background of this study is that learning and teaching is not a one-directional flow from teacher to learner. CoP theory emphasises that newcomers often come to have an influence on the practice of established teams. Consideration of the ways in which mental health nurses learn is incomplete without also looking at the influence of the student nurses who work so closely with them. This part of the study will investigate social processes involved in the practice learning of qualified mental health nurses. Another benefit of studying the qualified nurses alongside the students is that it allows the opportunity to compare and contrast the experience of the different groups, which will enhance the quality of the discussion in this thesis.

### **1.3: Reflexivity, research purpose and intended outcomes**

As discussed, this study will review learning on a mental health-nursing course and learning amongst qualified mental health nurses, attempting to identify socially mediated aspects of the

development of learning. The aim of this section is to sum up the above discussion and to provide an explicit statement regarding the purpose of this study and its intended outcomes.

I began my nurse training 36 years ago at the same hospital my mother had worked in as a nurse. Since qualifying, I have worked in a very wide range of specialities within mental health care. I have been teaching mental health nursing since 2002. Whilst I was working to complete this study, my mother developed Alzheimer's type dementia from which she died. She had extensive support from mental health nurses during this time. I have therefore had an extensive grounding in mental health nursing care from the perspective of someone providing it, from studying and teaching others about it and finally and most recently, from the perspective of a carer of someone in receipt of mental health nursing. The reason for including this autobiographical detail is to demonstrate the extensive personal and professional experience underlying my reflection upon mental health nursing care. It also grounds a consideration of reflexivity around this research study. The subject of the thesis is located within my own personal and professional life. Firstly, this experience shows that there are obvious differences in the quality of care in clinical areas. This variation appears to depend partly on the individual providing the care but also upon characteristics of the team of people providing the care. Anyone who has worked to provide healthcare knows that team characteristics are a vital factor. Reflection on practice shows that a socially cohesive and supportive clinical environment produces different outcomes to that provided by a clinical team fractured by infighting, and mutual dislike. However, from the perspective of a nurse lecturer, it is obvious that similar factors affect student learning. Clearly, individual student attributes are important mediators of success or failure. However, it is also clear that student interaction within groups as well as in practice are vital components in learning outcomes. As discussed above, these interpersonal factors can support learning but they can also undermine it. Anyone who has known a group of students is aware that there are sub-groups with the

cohort. Whilst some of the interactions support learning, there are less helpful factors at play. Some of the students encourage each other to minimise attention to learning. At times, there are groups who actively detract and disrupt the learning of others.

Therefore, my contention is that these social factors play an important part in the success or failure of teaching and learning as well as in clinical practice outcomes. Despite their importance to outcomes as well as the existence of an extensive body of theoretical work, I argue that these social factors receive less emphasis than ideas prioritising individual capability. Partly then, this study reflects my frustration that whilst I have some awareness of these issues I lack a clear idea as to what to do with this understanding. At the outset of this study, my ‘hunch’ is that it should be possible to identify the presence of social influences upon learning and practice. Identifying these social factors would be of interest. However, the greatest value would arise from the possibility of outlining teaching practice that begins to redress the balance away from an over- emphasis on individual factors towards a pedagogical approach that includes ideas drawn from social learning theory. The intention is to achieve as a study outcome a clear idea about suggestions for pedagogical practice based upon my research into social learning theory within mental health nurse training and practice and this forms the background to the third study question.

#### **1.4: Research questions**

In summary, this thesis will provide a basis for future exploration of innovation in practice within my area of teaching. The aim is to develop a greater understanding of how social processes influence learning amongst student mental health nurses and their qualified counterparts. A further aim is to begin to develop ideas about how such an understanding might contribute to pedagogical practice and to influence future mental health nurse training and practice. Therefore, the study title is “Using a Community of Practice (CoP) approach to

understand collaborative knowledge development amongst mental health nurse students and practitioners”

The study sets out to answer three questions:

- How does student social participation support development of learning for student mental health nurses?
- How does social participation support the practice of qualified mental health nurses?
- What are the implications of this study for pedagogical design?

### **1.5: Thesis structure**

Chapter 2 of this thesis provides an overview of relevant learning theory, firstly by presenting the theoretical basis for the particular individual student learning approach, which informs pedagogical practice within the author’s institution. The next part of this chapter gives an overview of situated learning theory before reviewing CoP theory and its general application. Chapter 3 presents the study literature review focusing on studies of CoP theory more generally as well as those that are closer to the subject of this thesis. The evidence from this chapter informs the research design, which is described in Chapter 4. Chapter 5 presents the value creation analysis based on methods developed by Wenger *et al.* (2011) whilst chapter 6 gives a detailed overview of the interpretive phenomenological analysis (IPA) part of the study. Chapter 7 presents a synthesis of data produced by the value creation process and the IPA part of the study. Chapter 8 concludes the thesis with by summarising evidence developed in the previous chapters and makes some recommendations for pedagogical practice based on these findings. There is also a discussion about the extent to which the study met its aims and how it can claim to contribute to knowledge. Finally, the study identifies some areas for future research.



## **CHAPTER 2: RESEARCH CONTEXT**

### **2.1: Introduction**

The argument that learning may involve more than individual cognition and individual learner behaviours is not a new one. Central to the current study is the suggestion of a need to re-evaluate these ideas and to consider how they might inform current practice alongside ideas around individual student learning approaches. This chapter provides an overview of pedagogical thinking that emphasises social and situated understandings of learning and which have been influential in the authors understanding of teaching practice. This thesis primarily references CoP ideas associated with Wenger *et al.* (2014). However, reading around the subject of social and situated learning shows that it is possible to locate CoP theory within a rich milieu of related critiques of learning theory and alternative socially mediated ideas. Therefore, the aim of this chapter is to provide an overview of the intellectual background from which CoP is located before the more detailed discussion of CoP theory towards the end of the chapter. This chapter ends by re-visiting the reflective discussion in the last chapter and considering what aspects of learning might be enhanced through consideration of the influence of a CoP as well as how student might be helped to benefit from this.

### **2.2: Individual student learning approaches**

In an influential piece of research, Marton and Säljö (1976) conducted a small study which examined techniques used by individual students to read and understand a given text. Some of the students confined their response to a memorisation of facts contained in the article and proceeded to answer questions based on their rote learning. The study authors labelled this superficial approach ‘surface’ learning. They suggested that students adopting such methods would only develop a patchy and incomplete understanding of the required learning. They

also studied students whose approach to the learning task was to develop a more thoughtful and considered approach to the text. These students tried to develop an understanding of the underlying meaning within the text and attempted to make connections between this and other learning they had done. Marton and Säljö (1976) argued that this ‘deep’ learning approach represents a more desirable attitude towards studies because it was more likely to lead to academic success. Developing these ideas, Biggs (2003b) argued that students adopt learning approaches partly depending on their perception of the learning environment and partly because of individual differences in outlook. Where students perceive the learning environment to require understanding of de-contextualised information they are more likely to adopt a surface approach. Where the circumstances require greater engagement, they may instead adopt a deeper learning approach. Whilst educators may not be able to access individual student beliefs they can manage the environment and set learning tasks that are more likely to engage students in a more active and involved approach. As will be discussed below, this idea forms an important part of the basis for educational preparation of university lecturers.

Discussing the historical development of approaches to learning theory, Howie and Bagnall (2012) credit Marton and Säljö (1976) with originating the ideas that Biggs (1987a) and Entwistle (1983) adopted and developed in their own work. Howie and Bagnall (2012) argue that learning approach theories have influenced higher education pedagogy to the extent that these have become a dominant paradigm. Some argue that a focus upon individual student styles should be included in the preparation of University teachers (Smith, 2002). These ideas are a routinely accepted part of discourse about student learning within the University. For example, the learning and teaching strategy published by Birmingham City University (2010) explicitly states that students can expect to be engaged in ‘deep learning’ and that staff will be trained to facilitate such an approach. Similarly, the University of Birmingham Guide to

Effective learning (2014) suggests that students use an individual learning style questionnaire to identify personal learning.

However, ideas about individual learning styles are not without their critics. Prominent amongst these was the Coffield report (2004) which systematically examined the evidence base for the many models of learning style theories advocated for use within British educational settings. This report concluded that the empirical basis for many of these was lacking and that studies conducted upon small cohorts were making unjustified claims to wider applicability. The report was also critical of commercial gains made by some creators of personal learning styles and alleged that this was responsible for reluctance to engage with critical evaluation of their products.

One suggestion is that an uncritical acceptance of these ideas within Higher Education has served to distract attention from other, social theories about learning (Haggis, 2003). For example, Eaves (2011) has argued that learning style theory in presupposing a relatively fixed individual approach to learning neglects the influence of wider cultural considerations. This fits with arguments made by Hutchins (1995) that the focus on individual learning has caused ontological confusion in our thinking about education. He suggests that the complex social environments that we inhabit are responsible for behaviours we have mistakenly categorised as representing complex individual performance.

### **2.3: Pedagogical theory**

Before going on to examine specific pedagogical ideas it is important to consider some wider context. This is necessary because it is important to give an overview of the ideas considered in later chapters as well as to show how the theoretical focus of this thesis is located within wider philosophical and pedagogic thinking.

The pedagogical theory referred to above as well as the situated learning approaches considered below range in date between 1976 (i.e. Marton and Säljö) through to the 1980's

and 1990's (Entwistle and Ramsden, 1983; Biggs, 1987a ; Hutchins, 1995; Engeström, 1987) as well as up to more recent times (Wenger *et al.* 2014; Wenger *et al.* 2011; Engestrom and Sannino, 2010). It is also possible to consider this general discussion of learning theories within the context of wider thinking. For example, discussions about knowledge and learning considered within Dewey's pragmatism (Elkjaer, 2009) as well as the postmodern critique contained within the work of Lyotard (1984).

Elkjaer (2009) argues that it is important to consider the influence of ideas drawn from Dewey's Pragmatism within the context of learning theory. Discussing the nature of Pragmatist thought, Elkjaer points out that this is less concerned with an empirical, a-priori and 'if - then' approach to knowledge development based in consideration of past experience. Instead, a Pragmatist approach is orientated towards a 'what if' - practical engagement with future possibilities. This approach advocates tackling practical problems in transaction and difficulties arising are resolved in practical, experimental and creative interaction with our surroundings. In the book *Democracy and Education* (1966), Dewey emphasises the importance of communication and interaction in the development of ideas, criticises educational approaches that are too abstracted from actual lived experience and argues that education is a 'necessity of life'.

Also relevant are ideas around postmodern thought and knowledge as expressed by Lyotard (1984). In this work, Lyotard discusses changes to understandings about the definition and development of knowledge and considers the implications for educational institutions. He argues that the 'grand narratives' into which knowledge was previously categorised are characteristic of modernity and that these are breaking down. Lyotard defined a postmodern condition without certainty or uniformity of ideas. Instead there was a development of an alertness to difference, diversity and a 'multiplicity of finite meta-arguments'. Lyotard argues that this metanarrative will become increasingly obsolescent – eventually becoming replaced

by a pragmatic and localised determinism. As previously an important part of the function of the University was to legitimise knowledge this trend suggests problems around the definition of its future role and that of education generally.

Usher (2009) suggests that as knowledge becomes based on a multiplicity of experiences and realities the role of the educator changes. Instead of being a source of knowledge, the educator develops a role closer to that of interpreter and facilitator. This is perhaps the sort of role that Lyotard (1984) is discussing by arguing that a solution to the dilemma of role for the University is the facilitation of 'creative workshops'. Usher goes on to argue that in the postmodern economy, organisations have increasingly developed flatter and less hierarchical organisation. These organisations are less in need of employees drilled in specific subject knowledge; instead, desirable characteristics are flexibility, continuous learning, social skills and competencies that are more flexible.

It is also possible to locate the general origins of situated learning ideas within a wider context of critical theory, especially in areas where these are critical of assumptions about the nature of knowledge and its generation and acquisition. Discussing the characteristics of Social Constructionism, Burr (2003) identifies the importance of critical attitudes towards standard conceptions of knowledge. In a 'taken for granted' view, there is an assumption that knowledge is an individual attribute, based upon observed facts gathered from the world. By contrast, social construction theories emphasise that categories and understandings about the world rely upon our social practices and interactions. Social constructionist theory also highlights that our understandings of the world are historically and culturally specific, as well as highlighting the centrality of social processes to knowledge formation. Central to the theory of distributed cognition is the view that knowledge develops through a process of social and collaborative interaction (Pea, 1993). Similarly, Wenger (1999) argues that knowledge is something that allows function within shared enterprise and that the act of

knowing is only understandable in relation to participation within shared activity. In both communities of practice and distributed cognition then, knowledge and knowing are indivisible from social interaction.

Discussion about the role of knowledge is especially relevant to a consideration of the subject that I teach – mental health nursing. Psychiatry is an area in which there is a long history of debate and dispute about what counts as knowledge and about who defines this. For example, examination of the role that psychiatry and madness played within society was important to the work of Foucault. The book *Madness and Civilisation* (Foucault, 2001) is a critique of psychiatry and institutionalised practice, which highlights the way in which knowledge relates to power used to control others. Others critical of psychiatry (i.e. Breggin, 1994 ; Laing, 1960; Szasz, 2010; Goffman, 1987) are sceptical about who has the right to legitimise knowledge about individual mental experience. These authors also question the motivations behind practice and argue for an approach based on attempts to understand personal experience. Reflection upon this critical heritage is necessary for anyone attempting to teach mental health nurses because basic questions about what mental illness is and what mental nurses do continues to be contested (i.e. Sidley, 2015 ). This is relevant to my study because students frequently have to negotiate inter-professional practice boundaries where definitions of problems encountered may vary depending upon which practitioner the student encounters. Once qualified, nurses interact across professional boundaries, which have a variety of ideas about causes and solutions to mental health problems.

As stated above, CoP theory is the main theoretical approach used within this thesis. However, other ideas such as activity theory and distributed cognition have also been important in the development of this thesis, therefore the next part of this chapter briefly introduces these theories.

## 2.4: Activity theory

According to Engeström *et al.* (1999), activity theory derives from Marxist philosophy (and earlier Hegelian thought) and describes human activity in terms of multifaceted social interactions. Central to activity theory is Vygotsky's (Engeström, 2001, Engeström *et al.* 1999) idea that individuals interact with the world through tool use. A triangular model represents this idea, which includes the subject, object and mediating artefact. Activity theorists argue that resources drawn from socio-cultural interactions support higher psychological functions. Engeström (Engeström, 2001, Pea, 1993) further developed this basic idea of activity theory in emphasising the role of contradiction and conflict between interacting activity systems. Highlighting dialogue, multiple perspectives and interacting activity systems, Engeström argues that these contradictions are key drivers of change and development. In educational terms, interactions between teacher and students may combine to form new meanings. Engeström is critical of theories that assume learning to be a process of individual (or organisational) acquisition of a stable set of knowledge and skills (Engeström, 2001). However, despite this emphasis on social relations, Engeström does allow for the importance of individual cognition, although he considers this to be a:

*'Subordinate unit of analysis, only interpretable when seen against a background of entire activity systems'*

*(Engeström, 2001: Page 136)*

Learning is a continuous process in which contradictions between and within systems develop to the point that participants question and eventually deviate from norms. Expansive learning occurs when the activity system transforms to encompass possibilities more widely than was previously possible.

## **2.5: Distributed cognition**

Distributed cognition is a concept that rejects the traditional emphasis that cognition is a function of the individual (Salomon, 1993). Instead, human cognition is ‘distributed’ or ‘stretched’ (Lave and Wenger, 1988) across individual participants. Within this framework, knowledge is an emergent property of social and collaborative efforts to achieve group goals.

Tools are used to shape and mediate interactions with the environment and provide a means of ‘off-loading’ or guiding the efficiency of mental processes or physical tasks (Pea, 1993).

Examples of such tools include paper based or electronic mathematical calculations, diagrams, physical tools such as axes or rulers as well as interactions within social organisations and signposting in the physical environment. Tools have physical properties designed to help in task completion. In that their design has been adapted in use over time and they carry that history of past thought within them they are simultaneously ‘material and ideal’ in nature.

As well as physical tools, language is a central part of distributed cognition, in that (in common with physical tools) words have a history of collective development and a shared use (Cole, 1996). A simple example is the use of a paper, pencil and mathematical formula to solve a mathematical problem. This involves the use of physical artefacts, (i.e. the paper and the pencil) tools designed and modified over time as well as the conceptual framework of the rules and procedure for solving the equation (Giere and Moffatt, 2003). Distributed cognition also acknowledges the role of social structures such as those found in workplace organisations and social groups. These provide the structure and context for human collective activities and organisations such as schools, hospitals and workplaces are historically developed artefacts representing conceptual embodiments of collective decision-making and attempts at problem solving.



The term ‘distributed cognition’ originated from the work of Edward Hutchins (1995). Hutchins was critical of anthropological approaches that assumed knowledge, understanding and information processing to be a function of individual thought. Psychological models that focused upon traditional scientific and experimental methods heavily influenced this approach. Instead, Hutchins advocates understandings that emphasise the role of cultural participation and criticises attempts to locate ‘knowledge structures’ within individuals rather than within social groups.

To illustrate distributed cognition in practice, Hutchins (1995) described the navigation of a ship in which the crew co-operate to steer a ship into a port. Examination of the docking manoeuvre demonstrates that this requires combination of a range of complex positional observations and calculations from the crew and navigational instruments to complete the manoeuvre safely. Rather than being a series of individual actions, the social organisation of this system, the hierarchy and roles and responsibilities within the ship, is critical to its functioning. Hutchins argues that this merger of cognitive and social functions involves the individual human mind interacting with a wider system, stretching the capabilities and performance of the individuals involved. Cognition becomes distributed, a shared, cultural and social process in which boundaries between tools used, the environment and the individual participants are blurred.

A prominent criticism of distributed cognition is the suggestion that the idea relies upon unprovable assertions about the nature of mind. In analysing Hutchins (1995) description of the collaborative nature of tasks (i.e. in this case navigation into a harbour), Button (2008) argues that this observation does not prove the fact of distributed cognition. He suggests that proponents of distributed cognition have overlain a theoretical viewpoint onto a social practice; it does not logically follow that one can then make assumptions about underlying

cognitive processes. Button also argues that distributed cognition fails to add anything new (beyond speculation) to understandings about cognition and its cultural relationship.

However, caution is required about how far one takes the idea that cognition is a shared phenomenon. Salomon (1993) writes that whereas distributed cognition serves to counter an excessive focus upon the role of individual functioning it is possible to take this too far the other way. He argues that there has to be some source of cognition before it is possible for individuals to act in conjunction.

## **2.6: CoP origins and current application**

Describing the origins of CoP thinking (Omidvar and Kislov, 2014), Wenger describes work that he was doing in artificial intelligence in the early 1990's and the realisation that whilst computers could store vast amounts of factual data, it was impossible to capture or model the application or meaning of this. Attempts to resolve questions about the nature of knowledge led to anthropological studies conducted by Lave and Wenger (1991) into a variety of social groups such as native African tailors, Mexican community midwives and apprentice meat cutters in the US. Studies involving these groups led to the formulation of the concept of a CoP, described as being a group of people bound together by a mutual interest and shared learning and practice (Lave and Wenger, 1991).

Of importance to the original formulation of CoP thinking (Lave and Wenger, 1991) was the idea that learning involves a process of socialisation in which newcomers to a group move from peripheral to full participation, eventually becoming part of the shared practices, beliefs and use of words and tools common to that group. Initially, participation is peripheral because newcomers to a community take time to assimilate with it. Wenger used the term 'legitimate peripheral participation' (LPP) to indicate that this is a normal part of group integration. However, there is no assumption that this is a harmonious or comfortable process for participants. Some communities have boundaries that are more rigid and newcomers are less

able to enter. An example of this is given in the description of trainee meat cutters in the US where inability to work with more experienced people and an inflexible hierarchy stifled the ability of newcomers to progress. Although current thinking about CoP (discussed in this chapter) places less emphasis upon the idea of LPP, the relationship between boundaries and individual identity continues to be important.

Lave and Wenger (1991) criticised pedagogical ideas and teaching approaches that abstract learning from its context, instead CoP theory emphasises the collective and shared nature of learning. Learning and practice are indivisible from each other in being essential and inevitable facets of everyday life (Wenger, 1999). Learning involves a constant process of participation and reification in which meaning develops through a dynamic and dialectic process of negotiation with context - as we experience the world; this shapes us whilst at the same time we shape the world around us. This active negotiation of meaning is central to our participation and experience of everyday life (Wenger, 1999).

This on-going process involves constant dynamic change within complex, historically defined boundaries. Learning is constantly evolving in that attitudes and positions reached (described as reifications) are in a dialectic relationship with practice. As communities gain experience of dealing with demands, they develop a shared history, repertoire and a collective memory of responses. This understanding may be tacit and have the appearance of individualised and common sense.

Within a CoP, participants orchestrate working practices, collectively responding and inventing ways of coping with demands. Participants always attempt to develop practices to meet their needs. However, these practices may not always coincide with the needs of anyone trying to manage them. Wenger (1999) describes CoP's as being central to street gangs as well as workplace units. Outsiders may not appreciate the value of practices developed. Writing in 1999 Wenger expressed doubt about the possibility of deliberately creating a CoP,

which (at this time) was described as a spontaneous feature of social interaction. As discussed below, Wenger has since developed CoP thinking on this point.

Following publication of a study, which examined the working practices of people within a claims processing office, Wenger (1999) defined CoP's in terms of three dimensions. Firstly, practice resides within the mutual engagement of its participants. Secondly, the community is involved in a joint enterprise, defined mainly within the active participation of its members. Finally, participants, over time, develop a shared repertoire expressed in resources or tools used to negotiate meaning. Examples given include routines, words, symbols and concepts shared amongst the community, which have meaning for its members. According to Kimble and Hildreth (2008), in this analysis a typical business organisation is:

*“a constellation of interrelated CoPs that can even spread beyond the borders of the 'host' organisation”*

Therefore, whilst any large organisation will encompass a range of CoP's, their existence and contribution to the organisation have been previously unrecognised. This is central to an understanding of Wenger's recent work, which applies CoP theory to a business environment. In the more recent iteration of this theory and in contrast to earlier ideas, Wenger (2002) describes the use of CoP ideas to inform a managerial approach designed to cultivate CoP's as part of a strategy to leverage knowledge use and development within an organisation. This outlines a process of 'value creation', which attempts to quantify the value that CoP's bring to the organisation. Identifying this value also allows managers to deliberately nurture and support them. This chapter introduces Wenger's (2011) description of this measurement process whilst Chapter 4 more specifically outlines an adaptation of this measurement approach, used to inform the basis of the data collection strategy for this study.

Wenger (2011) goes on to develop the original description of a CoP in defining communities and networks as being complementary and co-existing aspects of learning. Whilst a

community involves a learning partnership amongst groups of people these individuals are themselves members of learning networks. These networks represent individual connections and relationships used as a source of ideas, information and assistance in problem solving. The original idea of LPP has been developed to encompass the concept of ‘knowledgeability’ which is the idea that individuals will be more or less engaged with (or peripheral to) multiple communities of practice (Omidvar and Kislov, 2014) and consequently, Wenger now describes individual identity as being defined by how a person negotiates a complex ‘landscape of practice’.

Wenger’s recent work develops many of the original ideas about CoP theory (Wenger *et al.* 2014). There is recognition that the original concept of LPP over-emphasised the individual journey from peripheral to full participation within a particular CoP. Although the idea of people remaining peripheral participants received some attention (Wenger, 1999) there was an assumption that people always have an inbound trajectory to the community. This misses the point that people engage with multiple CoP in a complex way – in a ‘landscape of practice’. The landscape metaphor more easily accommodates the idea that whilst people will be deeply involved in some practices, their engagement with others may be more superficial. This may be because of power imbalances. However, it may also be that people choose peripherality, resisting aspects of the practice of some communities by maintaining only superficial engagement. The idea of a landscape of practices negotiated by the individual also highlights the importance of boundaries between practices encountered. Regulations control involvement with communities and legitimate their discourse, an exercise of power that is political in nature. This allows inclusion of the idea that the extent to which people either choose or receive permission to engage with a particular community is important in defining individual identity. Boundaries are sources of possible conflict and a possible reason for the minimisation of learning. However, boundaries are also places where diverse viewpoints co-

exist. Wenger argues (2014) that reflection across boundaries is a fruitful source of new ideas. Therefore, current thinking around CoP theory places an increased emphasis upon the potential of boundary encounters to either enhance or stifle learning. Another important point is that engagement with this landscape involves people in a process of personal identity formation (Fenton-O'Creevy *et al.* 2014). Identity forms partly by individual alignment with particular communities but also by our relationship to communities where our interaction is more peripheral. This process involves the individual in a significant degree of emotional labour as well as having social and intellectual consequences.

Bliuc *et al.* (2011) postulated the possibility of integrating approaches to learning with situated theory and Wenger *et al.* (2014) recognise this point. In this research, Bliuc *et al.* (2011) investigated the relationship between student's social identity and perceptions of learning community alongside their approaches to learning and academic performance. The authors suggest that individuals who develop a strong sense of student social identity are also more likely to adopt 'deeper' more engaged approaches to learning. Such students are more likely to align themselves with practice identity and discipline content as well as having strong peer relationships and taking pride in their student identity.

## **2.7: Communities of Practice theory: A critique**

Several authors have highlighted the rapid rise and wide use of CoP theory (i.e. Amin and Roberts, 2008; Cox, 2005; Hammersley, 2001; Kimble and Hildreth, 2008). However, whilst acknowledging the now extensive application of CoP theories, Amin and Roberts (2008) and Lindkvist (2005) argue that closer inspection of much of this literature shows that use of the term 'Community of Practice' suggests careless application. According to this critique, many of the studies purporting to be about CoP theory relate only tangentially to the original ideas expressed by Wenger (Lave and Wenger, 1991, Wenger, 1999). However, Wenger (2013) presents CoP thinking as an ongoing and still developing theory.

The theory has been widely influential and has been adapted in different environments. It is possible that adapting CoP theory within these differing organisational and cultural environments will have led to these differing interpretations. Wenger (2013) acknowledges that the theory is a basis for study and that individuals may develop and apply the theory differently depending on their own particular circumstances – this is not necessarily a weakness of the original theory.

Despite CoP theory, originating as a critique of orthodox assumptions about teaching and learning, Amin and Roberts (2008) argue that it is evolving into a generic and formulaic tool designed to maximise learning in organisations. Neufeld *et al.* (2013) list organisations such as Hewlett-Packard, Xerox, the World Bank and British Petroleum as being consumers of CoP ideas. They argue that this illustrates how widely this theory has influenced the business community. Reference to Wenger's (1999) description of CoP theory includes descriptions of workers developing idiosyncratic practices designed to subvert management attempts at control by finding short cuts and alternative, non-officially sanctioned ways of completing tasks. Considering this critical history, Cox (2005) argues that the subsequent development of CoP theory as a managerial tool is 'paradoxical'.

Kimble and Hildreth (2008) suggest that the attempt to manage CoP's is in itself unhelpful. They argue that if the perceived organisational benefits of the CoP are its spontaneity and informality then attempts to manage the CoP may change its nature and cause it to fail. These authors also question the wisdom of allowing semi-autonomous internal groups to control important aspects of business functions. A similar critique (albeit with a different conclusion) is made by Gee (1996) who is critical of what is seen as the seemingly benign character of the CoP. Gee discusses the nature of post-Fordist industry with its characteristically flatter and less hierarchical management structure. He argues that CoP theory is a potentially useful means of maintaining control over employees of such organisations who are encouraged to

internalise values and goals with less recourse to top-down management. Therefore, Gee is critical of the perceived lack of attention to power relations within Cop theory as well as studies that fail to address power relations explicitly.

A prominent criticism of CoP theory is that it fails to account for power imbalances. Fuller *et al.* (2005) argue that although Lave and Wenger did acknowledge the significance of power and conflict, they never fully accounted for this in their descriptions of the theory. An example of such criticism is the idea that peripheral participants always eventually assume full membership (Roberts, 2009). Instead, power imbalances may cause peripheral members to remain less powerful. Similarly, shared meanings may continue to reflect those held by more powerful group members, which become favoured over the perceptions of less powerful individuals. Power relationships are also cited by Illeris (2009) who argues that CoP theory overlooks the tendency of workers within an organisation to be conservative about and resistant to change, being consequently less likely to engage in a critical challenge to the status quo. Also commenting on lack of attention to power imbalances, (Cox, 2005) notes that a residue of the anthropological background of communities of practice theory can be seen in its portrayal of the community as being self-sufficient. This perspective gives insufficient attention to community interactions with outside influences. Similarly, Roberts (2006) argues that CoP theory neglects consideration of the wider organisational, economic, political and general socio-cultural context of the CoP and that it is a mistake to treat it as if it exists within a 'vacuum' (P634). Workers within teams with a strongly defined identity may also tend to be protective, insular, and less likely to share information with other groups in the same identity (Kimble and Hildreth, 2008).

Reference to the original description of CoP theory shows that it is inaccurate to suggest that Wenger (1999) ignores power relationships and some of this criticism is unjustified. For example, the work does clearly acknowledge that people in communities of practice often do



not interact harmoniously and that this will reduce individual learning (Wenger, 1999). The ability to analyse potential learning in these terms is a strength of CoP theory and arguably preferable to attributing failure to learn as being a solely due to the actions/inaction of individuals.

Yakhlef (2010) questioned the concept of situated learning by arguing that the attribution of all learning to participation ignores the knowledge content that has developed over time. Whilst recognising the importance of situated cognition, Yakhlef (2010) argues for a more balanced approach – recognising the role of individual learning and cognition. Similarly, Grugulis and Stoyanova (2011) argue that CoP studies pay insufficient attention to individual expertise. It is true that CoP theory shares an emphasis upon the social and situated nature of learning with other situated learning theories (i.e. Engeström, 2001, Hutchins, 1995). The criticism that some theorists have gone too far with this emphasis may have some basis, for example, Salomon (1993) a prominent advocate of distributed cognition felt it necessary to re-emphasise that cognition has its basis in the individual. Similarly, Handley *et al.* (2006) argue that the focus upon individual interaction within CoP theory neglects the fact that people inevitably traverse a range of different communities and also that these transitions are central to individual development and involve a great deal of emotional labour. Therefore, rather than defining individual identity as being a product of interaction within a particular community they suggest that identity is developed in the spaces one occupies between communities. As will be seen, recent thinking around CoP theory has moved much closer to this position.

The opening part of this thesis discussed a possible over-emphasis on individual learning within higher education. However, there is a danger of over-extending the emphasis upon social and situated learning at the expense of considering the role of individual approaches to learning. In discussing these points, Wenger (2013) argues that CoP theory is not an all-encompassing social or pedagogical theory. Instead, he advocates a ‘plug and play’ approach

to the application of CoP theory and a consideration of the extent to which it is compatible or not with other social theory. This accords with the position stated in this thesis i.e. whilst an attempt is being made to identify social aspects of learning in the authors teaching environment, it is not intended to adopt an either/or approach to individual learning theories and CoP theory.

In light of Wenger's recent work (Wenger 2014) it is possible to re-consider some of the above-mentioned critiques (i.e. Yakhlef, 2010; Grugulis and Stoyanova, 2011; Handley *et al.* 2006) about the extent to which CoP thinking de-emphasised the role of individual cognition. It is now possible to consider the integration of individual as opposed to social learning theories discussed above. The manner in which an individual negotiates different communities encountered within the landscape is partly dependent upon individual attitude and partly upon social boundaries. It is now possible to reframe the work of theorists such as Marton and Säljö (1976) Entwistle and Ramsden (1983) or Biggs (1987a) who focused upon individual approaches to learning and which define learning as being concerned with individual assimilation of a discrete body of knowledge. Perhaps the deep or surface engagement with theory defined in these studies may now also be conceptualised as individual choice to attempt to engage deeply or not with a particular social practice, (i.e. this depends whether power relations in that community allow such an interaction). To some extent, this allows unification of individual and social learning theories. Writing about the socio-cultural nature of learning, Cole (1996) argues that mind and understanding are emergent properties of a cultural system, intelligence being partly located within the individual whilst also including an aspect of social functioning. As will be discussed in later chapters, one of the themes emerging from analysis of data gathered in this thesis is that the student participants engage selectively with some of the practices that they encounter within the university and practice. The next part of this chapter continues the above discussion of

theory by examining examples of its application in practice. The intention is that this will provide a basis for the study research design described in subsequent chapters.

## **2.8: Discussion**

In terms of theoretical origins, CoP thinking is described (Wenger, 1999) as being located somewhere between theories related to social structures such as culture and institutions as well as theories surrounding situated experience which give primacy to interactions on an individual level. However, Wenger argues that it is a mistake to view CoP theory as being an attempt to produce a grand, all – encompassing social theory. Instead, he argues that social theories form a ‘puzzle of interacting pieces’ and advocates an approach which combines related theories.

Whilst recognising that learning takes place within individual interactions, these take place within environments shaped by wider cultural and historical processes. Wenger explicitly distances his thinking from activity theory in that within a CoP, actions achieve meaning only within wider contexts of interpersonal negotiation. This is unlike activity theory approaches which seek to analyse interactions between systems of activity and which therefore have a different ontological framework. However, in that CoP theory highlights the central role of historical processes, Wenger acknowledges that thinking around activity theory, especially Engeström (1987) has been influential.

Meanwhile, Hutchins (1995) highlights the influence of Vygotsky’s ideas, especially the view that higher mental functions initially develop via an external and social stage. The complexity of individual function develops through interaction with complex cultural systems.

There are ontological differences between these ideas. Whereas distributed cognition and activity theory view the world in terms of the interactions between individuals and the cultural world, a CoP approach is concerned with the meanings formed by participants within social groups. However, despite the above suggestion of differences between these ideas (Wenger,

1999) there are many areas of overlap between them. In many places, the ideas are similar despite their authors using different terms to describe them. The important contribution of Wenger to the idea of distributed cognition is noted (Brown *et al.* 1993) whilst Lave (1988) receives credit for the statement that cognition is ‘stretched’ over and not divided between mind, body and cultural surroundings.

Both ideas contain critiques of education that assume individualised, de-contextualised learning transmitted from educator to learner. Instead, both emphasise the role of socio-cultural interactions in the development of learning. Another similarity is the idea that participants become part of established practices by a gradual process, not unlike an apprenticeship model. Within a CoP this called a process of peripheral participation (Wenger, 1999) whilst distributed cognition directly adopts from Vygotsky the similar (but not identical) idea of a zone of proximal development (Engeström 1999). This development takes place within a historically determined framework, another common area.

For Wenger (1999), learning involves the individual in a process of understanding community practices and beliefs that have developed over time. Similarly, within distributed cognition there is an emphasis on the shaping of activity over time. According to Engeström (2001), it is impossible to understand a situation without knowledge of its historical development. Central to the historical development of ideas is the concept of tool or symbol use; again, there are clear similarities between CoP theory and distributed cognition. According to Wenger (1999), tools used by communities are physical embodiments of past problem solving. For example, within an office setting an agreed procedure or writing a policy manual is a process of giving form to ideas and joint understandings, Wenger (1999) calls this reification. Within distributed cognition, Hutchins (1995) describes human intelligence as involving a process of symbol manipulation. Whilst acknowledging that this manipulation sometimes happens in the head, he argues that mostly, symbols used are in the external environment. Hutchins (1995) is

critical of previous attempts at understanding human cognition which over emphasise the role of individual cognition.

Another common idea to both distributed cognition and communities of practice is that relationships between individuals or groups and the world are not constant, being instead in a state of unstable, dynamic tension. In common with activity theory, distributed cognition describes a process of cultural mediation in which we interact with and shape the world around us. This is not a one-way process because resistance from the environment also shapes us. In an earlier discussion of these ideas, Engeström (1987) links this process to the ideas of Marx and before him, Hegel where individuals and society are engaged in a dialectical and constantly changing relationship. CoP theory also views relationships in terms of a dynamic relationship (Wenger, 1999). Meaning forms through a dynamic process of negotiation between individuals and the world. This process involves us in changing the world whilst being simultaneously changed by our interactions. In common with ideas expressed above about distributed cognition, this is not a temporally discreet process but a state of constant change.

Common to both distributed cognition and CoP thinking is the idea that cultural practices are central to development of knowledge. As discussed, these ideas have some basis within social constructionist thinking (Burr, 2003). It is also possible to contextualise this by considering how cultural approaches to psychology influence these ideas (Cole, 1996). Originally, psychology had two aspects. Firstly, there was a 'naturalistic' view, which studied phenomena such as sensations and reflexes and discovered universally applicable data. This version of psychology adopts scientific methodology and it is the most common current understanding of psychology. However, integral to this original thinking about psychology was the study of the higher mental phenomena such as language, myth and culture. This places less emphasis on universally applicable findings and highlights the specific and

localised nature of observations. The above discussions of distributed cognition and CoP contain an attempt to re-integrate cultural practices with descriptions about the development of human understanding and learning. In common with Cole (1996), both emphasise the idea of mind and understanding as being an emergent property of a cultural system and criticise attempts to characterise intelligence as a completely individual property.

## **2.9: Conclusion**

With reference to the theoretical overview in the above section, it is necessary to define the term ‘social learning’ for the purposes of this thesis. Following this is a consideration about how engagement with a CoP might enhance learning. Finally, how might students benefit from such participation?

Within this thesis, social learning refers to learning that takes place within environments shaped by cultural and historical factors. Interaction with the environment shapes individual thinking and practice. Social learning theorists are generally critical of pedagogical design that separates and de-contextualises learning and practice. Entering a profession such as mental health nursing involves individual learning but there is also an element of personal identity change. People ‘become’ mental health nurses as well as learning about the theory of this profession.

In the previous chapter, I introduced a reflection based upon my personal experience of teaching and learning (Chapter 1, Section 1.3). I argued that experience led me to consider the possibility that I might study and identify social factors, which influence learning amongst my students. This study would lead to the possibility of developing ideas about how to improve pedagogical practice. In particular, this study might lead towards enhanced student learning because if social factors are important part to learning then increasing attention to this may lead to a richer and more satisfying experience for our students. For example, one possible study benefit concerns the possibility of greater attention to social factors on student learning.

As discussed in the opening to this thesis, a common practice is to allocate students to groups outside their usual network of peers. The idea being to compel them to work alongside people with whom they are unfamiliar. Potentially, this study may provide evidence that this is a mistaken policy. Also discussed in the thesis introduction is the perception that there is an increasing emphasis upon individual learning within Universities generally. This study might contribute to consideration about how to develop resources supporting a strengthening of student social networks. For example, if it is true peer interaction is important to student learning outcomes then this may allow consideration and allowance of this when planning teaching. How might peer support be recognised and enhanced and how would this influence learning outcomes? Another possibility is that this study might form the basis for further research, which sets out to address such questions specifically.

At this point, a critical appraisal of these assumptions is required. My reading of pedagogical literature and reflection on practice suggests that social factors are important. However, this may not be the case. A challenge to these ideas would be required if the study did not find convincing evidence for the influence of social factors upon learning amongst participants. This might be because the chosen study instruments were insufficient to achieve this within the particular setting chosen. Another possibility is that social learning factors do not have a significant influence upon student learning. It may be that the current emphasis upon individual learning approaches is a correct one. If this were the case then an attempt to divert resources and student time into a pedagogy influenced by social learning theory would be mistaken.

The literature review in the next chapter continues this discussion of CoP theory by critically examining research studies with a CoP theoretical background. The intention is to show how the thesis research design in the subsequent chapter relates to and is distinct from existing work.

## **CHAPTER 3: LITERATURE REVIEW**

### **3.1: Introduction**

This chapter gives details of a literature review examining research studies using CoP theory as a conceptual background. The aim of the review was to identify and critically analyse research studies of nursing practice, which used CoP theory. As CoP theory also informs research into a variety of other non-nursing workplaces, the review includes a selection of these from the last ten years. This review identifies where the current study is in relation to existing literature. Locating this thesis within the context of similar work allows for the identification of gaps in understanding, it provides a justification for the study and for the research questions introduced in the next chapter. Finally, reference to this review provides a context for this thesis to conclude with a claim for new understanding.

The chapter opens by giving details of the literature review and detailing the research papers, which informed it. Following this is a critical review and summary of all these research studies. This is organised by first examining non-nursing studies and then covering research into areas closer to the focus of the subject of this thesis. Conclusions from the pilot study for this thesis (Walsh 2015) are also included here. The chapter ends with a discussion of main points drawn from the review and identifies where this study sits in relation to this work. The chapter concludes by identifying the main areas of enquiry in this thesis. The following chapter refers to this work in order to develop specific research questions.

### **3.2: Literature search**

The literature search began on 20.05.2014 used the ASSIA, Swetswise and ERIC databases. This used the terms “Communities/Community of Practice, Communities/Community of Practice and learning/education/healthcare education/healthcare practice”. The search was limited to peer reviewed research papers published in academic journals between 2004 and 2015 (See literature search schedule in appendix 10). Exclusion criteria were studies not using



CoP theory as a main theoretical basis, studies describing attempts to establish COP's in existing workplaces and non-research studies such as discussion papers or opinion pieces as well studies published in non-peer-reviewed journals.

This search found 332 papers (after removal of duplicates). However, many of these were unsuitable for use in this study. Most of these papers are not included in this review because they did not use CoP theory. Many others were opinion pieces or did not describe original research studies. As discussed in the previous chapter, CoP theory has become a very widely accepted theory. Initially, the review appeared to have identified a large number of research studies using this theory. However, on closer examination, the actual number of research studies using this was significantly lower. As discussed above, this accords with the experience of others such as Amin and Roberts (2008) and Lindkvist (2005) attempting to study application of CoP as a theoretical background. In common with the experience of these authors, whilst a great many papers refer to a 'community of practice' the numbers that clearly refer to the theory are much smaller and the allegation of 'careless application' of this term appears to be valid. It is also important to note that all of the studies referred to in this chapter refer to CoP theory before the significant recent update to these ideas (Wenger *et al.* 2014 discussed in the previous chapter).

The remaining 42 papers were read with the intention of including only research based studies informed by a CoP theoretical background. On closer inspection 20 of these papers were found to be unsuitable for the study (8 were not CoP theory based, 12 were discussion papers). Following a further close and critical reading using the qualitative CASP tool (Critical Appraisal Skills Programme (CASP), 2016) two further papers (Buckley, 2010; Takahashi, 2011) were excluded because of the low quality of the studies described. Therefore the following review focuses upon 22 papers, 11 from non-nursing studies and 11 describing CoP based research within a nursing environment. All of these have been analysed

using the appropriate CASP tool. All of the studies describe the experiences of small cohorts and none of them specifically refers to the subject of this thesis - mental health nurse training. Therefore, it is necessary to exercise some caution about the degree to which these apply to this thesis. The tables below contain general comments about the CASP analysis applied. Whilst all of the papers included here do conform to a definition of quality as defined in the CASP tool, some general points are possible. A surprising number of the papers below (see table for details) have no apparent consideration of ethical approval. Many do not consider the possibility of bias caused by someone in a position of relative power conducting research on subjects in a less powerful position. Another general comment is that whilst many of the studies describe their findings within the context of the area studied, many do not go onto consider the implications for practice or for possible areas of future research.

### 3.3: Literature summary tables

Details	Major points	Main themes	Summary of CASP analysis
(Bathmaker and Avis, 2005) Academia Identity in trainee lecturers Questionnaire 13 responses from 43 strong cohort	Learning affected by difficulty of crossing boundaries as well as marginalisation and alienation in practice Importance of shared peer group reflection Critical of CoP theory perceived lack of attention to power relationships	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Importance of power relations</li> <li>• Importance of boundaries and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of rationale for selection of participants and description of participants demographic features</li> <li>• Data collection method explained</li> <li>• No mention of ethical considerations or ethics approval</li> <li>• Power relationships between researcher and participants not considered</li> <li>• Good description of data analysis and clear attempt to 'ground' findings</li> </ul>
(Dahlgren, 2006) Academia Longitudinal study focus on transition higher education to working life	Study set out to identify discourse from programme & in working life – aspects of identity reported as student and in first 18 months of work – relate differences observed to design of academic programme View transition from higher education to practice as being trajectory from academic community to another CoP	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Importance of boundaries and learning</li> <li>• Where academic study is aligned with eventual practice there is an easier transition from student to qualified practitioner</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of methodology</li> <li>• Sampling clearly described</li> <li>• Clear discussion of rationale for selection of participants</li> <li>• Data collection method explained</li> <li>• Awareness of effect of power is mentioned as a possible source of bias. However, no consideration of ethical dimensions of study and no apparent ethical approval</li> <li>• Very good description of data analysis</li> <li>• Discussion of findings as regards how they describe setting are clear but perhaps less clear about implications for practice or for further study</li> </ul>
Davis (2006) 5 in depth interviews with OT students USA	Where students were included in such practice they reported increased ability and confidence to articulate identity around their role as OT professionals Cross boundary encounters impede and stimulate learning.	<ul style="list-style-type: none"> <li>• Team acceptance/ boundaries and learning</li> <li>• Student personal attribute i.e. social skills are important as well as that of CoP</li> </ul>	<ul style="list-style-type: none"> <li>• Author makes claim about having used a 'representative' sample – however, as it is a qualitative study there is no explanation of why this was necessary. Also there is no statistical calculation of what 'representative' means in this context</li> <li>• Data analysis process is unclear i.e. thematic data captured 'as it emerged' – however, lacks clear description of process</li> </ul>

			<ul style="list-style-type: none"> <li>• Consideration given to possible bias</li> <li>• Author clearly acknowledges study limitations as well as degree to which findings might be extrapolated</li> </ul>
(Abma, 2007) Management/administration Dutch project involving 12 hospitals. In depth interview project leaders and stakeholders/ meetings evaluated, reflection between co-ordinators evaluated & focus group conducted.	Idea that quality of a practice defined in terms of quality of relationships/ dialogical processes Practice should be inclusive learning stimulated through confrontation with diversity – multiplicity a source of innovation and dynamics	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Importance of power relations</li> <li>• Need to promote open dialogue</li> <li>• Importance of boundaries and learning</li> </ul>	<ul style="list-style-type: none"> <li>• No clear justification of research design</li> <li>• Author describes process of study development and recruitment</li> <li>• No consideration of ethical issues</li> <li>• Limited discussion of data analysis</li> <li>• Good discussion of implications</li> </ul>
(Jawitz, 2007) Academia How do new academics learn to judge student performance? Interview with 8 academic colleagues	Experience of new academics is shaped by interaction with 2 largely separate CoP's in the department i.e. research (older more experienced) & teaching (newer more junior staff) Trajectories within academic department strongly influenced by history and experience of individual. Issues of power – less helpful in examining ways that race, gender or class might influence this	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Importance of boundaries and learning</li> <li>• Importance of power relations</li> <li>• Professional learning and identity</li> </ul>	<ul style="list-style-type: none"> <li>• Aims of study clear</li> <li>• Researcher justified study design</li> <li>• Recruitment decisions were described</li> <li>• Data collection etc. clearly described</li> <li>• Whilst there is extensive discussion of power issues and how these affect participants there is no consideration of this regarding the position of the author</li> <li>• Ethical consideration around changing names of participants is mentioned but no evidence that study received ethical approval</li> <li>• Data analytical process is unclear Extensive discussion of findings but relatively minimal in terms of implications</li> </ul>
(Ha, 2008) IT Workers Research investigating workplace learning experience of 65 IT workers Hong Kong	Found that troubleshooting-project work & hardware/ software installation were likely contexts to promote learning. Instructor led training not highly rated – useful for an introduction to new technology but genuine expertise derived from work experience.	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes.</li> <li>• Emphasis on practical engagement with work and the effect that this has on learning outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly describes study aims and research design</li> <li>• Very clear description of sampling and data collection decisions</li> <li>• No consideration of power relationships</li> <li>• No reference to ethical considerations</li> <li>• Data analysis described</li> <li>• Very extensive description and discussion of findings</li> <li>• Some implications for practice are discussed</li> </ul>

	On job training – often reported initial training began with simpler and progressively harder tasks and scaffolded approach with instructor Learning through work highly rated - context important		
(Schweitzer <i>et al.</i> 2008) Urban planning USA study urban planners understanding/ knowledge of renewable energy sources	Importance of authentic dialogue and ability to speak openly Legitimacy i.e. who counts as 'informed' is negotiated/ co-constructed. Oppression inevitably pervades this (i.e. sex, race etc)	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Importance of power relations</li> <li>• Need to promote open dialogue</li> </ul>	<ul style="list-style-type: none"> <li>• Aims of study clear</li> <li>• No consideration of power relationships</li> <li>• No reference to ethical considerations</li> <li>• description and discussion of findings</li> <li>• implications for practice are discussed</li> <li>• Discussion of study implications/value for practice</li> </ul>
(Gourlay, 2011) Academia Experience of novice lecturers entering HEI	Critical of CoP theory – did not find evidence of shared repertoire, mutual endeavour, expert novice interaction Themes emerged from interviews – confusion, inauthenticity and isolation Confusion how to approach new role – participant went from expert to novice in new surroundings Lack of clarity re role Confusion highest in people who had come from NHS with different tradition of collaborative learning	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Importance of boundaries and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Clear study aims</li> <li>• Research design and recruitment decisions clear</li> <li>• Paper lacks detailed discussion of data analysis methods</li> <li>• No consideration of relationship between researcher and study participants</li> <li>• No consideration of possible bias</li> <li>• No ethical approval is mentioned</li> <li>• Clear discussion of findings and possible implications for practice</li> </ul>
(Heslop, 2011) Police training. Longitudinal case study - interpretivism – 25 participants	Learning is an individual and a social participatory process Learning linked to recruits becoming Police officers Learning not only leads to changes in identity but that this change subsequently influences learning	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Professional learning and identity</li> </ul>	<ul style="list-style-type: none"> <li>• Very clear discussion of aims</li> <li>• Very clear about methodology and choices regarding recruitment – particularly good discussion of justification for qualitative study method</li> <li>• No ethical approval</li> <li>• No consideration of power/researcher effect on study i.e. bias</li> </ul>

			<ul style="list-style-type: none"> <li>• Good discussion of both theoretical and practice implications of study</li> </ul>
<p>(Kim, 2011)</p> <p>Academia</p> <p>Study looking at why international graduate students struggle &amp; how they deal with this</p> <p>5 graduate students in the USA – data collected over course of 1 year – interview, journal &amp; classroom observation</p>	<p>Study looking at why international graduate students struggle &amp; how they deal with this</p> <p>Graduate classes function as Cop – participants mutually engage, share repertoire engage joint enterprise</p> <p>Practices not always transparent to international students – may cause exclusion</p> <p>Study suggests need for sensitivity from educators in design of learning environment</p>	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Importance of boundaries and learning</li> </ul>	<ul style="list-style-type: none"> <li>• No discussion around how or why research design was chosen and no alternatives are considered</li> <li>• Participants are described but no description of how or why this particular group were selected</li> <li>• There is a clear discussion of data analytical process adopted in study</li> <li>• Researcher discusses effect of power relations upon learning outcomes and experience of study participants. However, despite this awareness the researcher does not consider implications for his own study</li> <li>• No mention of ethical approval for this study and no discussion of possible ethical issues</li> <li>• No discussion of study limitations or possible bias</li> <li>• Clear discussion of study findings and implications for practice</li> </ul>
<p>(Grugulis and Stoyanova, 2011)</p> <p>Television production</p> <p>Ethnographic study amongst freelance workers in TV industry</p>	<p>Critical of ‘ideal’ of CoP assuming that workplaces are coherent places that allow novices to consult observe</p> <p>Suggests that little attention paid to individual expertise</p> <p>Does Cop thinking decentre the individual too much?</p>	<ul style="list-style-type: none"> <li>• Influence of social relationships upon learning outcomes</li> <li>• Importance of boundaries and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Limited description of research design</li> <li>• Limited description of reasons for selection of participants</li> <li>• Limited discussion of data analytical process</li> <li>• No mention of ethical issues</li> <li>• Extensive discussion of study findings and conclusions</li> <li>• Authors reach clear conclusions about CoP theory</li> </ul>
<i>(Studies related to Nursing)</i>			
<p>(Cope <i>et al.</i> 2000)</p> <p>29 Student nurses</p> <p>Scotland</p> <p>Semi –structured interview and questionnaire</p>	<p>Acceptance into the team was important for students.</p> <p>Students had to earn acceptance by demonstrating competence. Relationship between social and clinical</p>	<ul style="list-style-type: none"> <li>• Team acceptance/ boundaries and learning</li> <li>• Student personal attribute i.e. social skills are important as well as that of CoP. Student mentor relationship important</li> </ul>	<ul style="list-style-type: none"> <li>• Random sample of 10% of student cohort, discussed difficulties with contacting people in placement area.</li> <li>• Awareness of and care taken to minimise issues around power imbalances</li> </ul>

	acceptance Importance of relationship between nurse mentor and student. 'Uneasy' relationship between theory and practice.		<ul style="list-style-type: none"> <li>• Apart from discussing awareness of power imbalance, the author does not mention possible ethical issues – study ethical approval uncertain.</li> <li>• Clear description of data analytical process</li> <li>• No mention of possible study limitations</li> <li>• Clear discussion of study implications/value for practice</li> </ul>
(Spouse, 2001) Longitudinal study of 8 nursing students UK	Examined how their relationships with mentors affected subsequent acquisition of professional knowledge	<ul style="list-style-type: none"> <li>• Student mentor relationship important</li> <li>• Student personal attribute i.e. social skills are important as well as that of CoP</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of methodology</li> <li>• Sampling clearly described</li> <li>• Very clear discussion of ethical issues including issues around power</li> <li>• Data collection and analytical process clear</li> <li>• Clear discussion of findings</li> <li>• Clear discussion of study implications/value for practice</li> </ul>
(Spouse, 2003) 6 student nurses UK Phenomenological study Semi structured interviews	Individual self-confidence required to negotiate practice Peer support amongst students important. Reassurance that their individual progress matches peers	<ul style="list-style-type: none"> <li>• Student comparison to and support from peers</li> <li>• Student personal attribute i.e. social skills are important as well as that of CoP</li> <li>• Student mentor relationship important</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of methodology</li> <li>• Sampling clearly described</li> <li>• Clear discussion of ethical issues including issues around power</li> <li>• Data collection and analytical process clear</li> <li>• Clear discussion of findings</li> <li>• Clear discussion of study implications/value for practice</li> </ul>
Blåka (2006) 30 first year midwifery students Norway Case study Participant observation and interviews	Process of becoming a midwife was as much about the social process of acceptance into that community as it was about learning the technical aspects of the role.	<ul style="list-style-type: none"> <li>• Team acceptance/ boundaries and learning</li> <li>• Evidence for a link between the development of personal &amp; social relationships and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of research aims</li> <li>• Author discusses justification for qualitative methodology</li> <li>• Author discusses ethical issues but does not consider study power/relationship issues</li> <li>• Very clear discussion about possible bias and position of researcher</li> <li>• Clear discussion of data analysis procedure</li> <li>• Clear discussion of findings</li> <li>• Whilst study does set out to describe</li> </ul>

			practice it does not clearly consider implications for practice
(Ranse and Grealish, 2007) 25 nursing students Focus group discussion Australia	Students found that they used peers to as a means of sharing experiences and an important source of reassurance that they had understood things correctly	<ul style="list-style-type: none"> <li>• Team acceptance/ boundaries and learning</li> <li>• Student comparison to and support from peers</li> </ul>	<ul style="list-style-type: none"> <li>• Convenience sample of participants used – author cites this as a study limitation</li> <li>• Data collection method discussed and pros and cons focus groups is considered</li> <li>• Ethics including issues around researching own students clearly considered</li> <li>• Data analysis discussed</li> <li>• Clear discussion of findings and implications for practice</li> </ul>
Brigham and Smith (2008) 11 student nurses UK Focus group and interview	Emotional engagement involved in process of identity development Need for social skills development Peer support important	<ul style="list-style-type: none"> <li>• Student comparison to and support from peers</li> <li>• Team acceptance/ boundaries and learning</li> <li>• Student personal attribute i.e. social skills are important as well as that of CoP</li> </ul>	<ul style="list-style-type: none"> <li>• Extensive discussion of research aims</li> <li>• Does not mention ethical considerations</li> <li>• Bias not considered</li> <li>• Methodology clearly described</li> <li>• Clear discussion of data analysis procedure</li> <li>• Clear discussion of findings and implications for practice</li> </ul>
(Roberts, 2009) 15 pre-registration student nurses. UK Ethnographic study observed in classroom and in clinical practice at intervals during three years of training.	Friendship and social contact outside of the official learning environment were an integral part of community membership Student peer groups a parallel CoP	<ul style="list-style-type: none"> <li>• Evidence for a link between the development of personal &amp; social relationships and learning</li> <li>• Team acceptance/ boundaries and learning</li> <li>• Peer groups and support for learning</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of study aims and also justifies and explains research design</li> <li>• Explains and justifies selection of participants</li> <li>• Clear discussion of data collection</li> <li>• No mention of possible bias or study limitations</li> <li>• Ethical approval for study is discussed</li> <li>• Clear discussion of study conclusions and implications for practice</li> </ul>
(Thrysoe <i>et al.</i> 2010a) Studied 10 final year student nurses Denmark Phenomenological study involving participant observation and semi-structured interviews.	An important mediating factor in their learning was the extent to which students and nurses became familiar with each other professionally and socially Student participation due to team factors and individual characteristics.	<ul style="list-style-type: none"> <li>• Evidence for a link between the development of personal &amp; social relationships and learning</li> <li>• Team acceptance/ boundaries and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of study aims</li> <li>• Author describes methodology selected but not why or what alternatives were considered</li> <li>• Partially describes recruitment process</li> <li>• Data collection methods described although not justified</li> <li>• Study received ethical approval</li> </ul>



			<ul style="list-style-type: none"> <li>• No discussion of possible bias or effect of educator having power over participants</li> <li>• Good discussion of data analysis</li> <li>• Extensive discussion of findings and implications</li> </ul>
<p>(Thrysoe L, 2012)</p> <p>9 newly qualified nurses</p> <p>Denmark</p> <p>Phenomenological study involving participant observation and semi-structured interviews.</p>	<p>In the areas where mutual interest and dialogue developed, the newly qualified nurses reported successful transition to practice. Those participants who reported less social contact were also more likely to have had a negative experience in the workplace.</p>	<ul style="list-style-type: none"> <li>• Evidence for a link between the development of personal &amp; social relationships and learning</li> <li>• Team acceptance/ boundaries and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of study aims and justification for methodology adopted</li> <li>• Participant characteristics described although no discussion regarding justification for this particular group and not others?</li> <li>• Clear description of data collection</li> <li>• Relationship between researcher and participants and effect this may have had on study is discussed in limitations section</li> <li>• Ethical requirements of study discussed</li> <li>• Clear discussion of data analysis</li> <li>• Findings of study presented</li> <li>• Minimal consideration of study implications for practice</li> </ul>
<p>(Skaalvik <i>et al.</i> 2012)</p> <p>12 Final year student nurses</p> <p>Norway</p> <p>Field observation and semi-structured interviews.</p>	<p>The most effective learning environments allowed students to engage in professional dialogue</p>	<ul style="list-style-type: none"> <li>• Team acceptance/ boundaries and learning</li> <li>• Student comparison to and support from peers</li> </ul>	<ul style="list-style-type: none"> <li>• Clear discussion of study aims and also justifies and explains research design</li> <li>• Thorough discussion and justification of participant selection</li> <li>• Data collection and analysis process is clearly described</li> <li>• Position of researcher studying own students is not considered – this is a strange omission given the general (high) standard of care given to overall research design and presentation</li> <li>• Ethical considerations discussed</li> <li>• Findings presented in detail</li> <li>• Implications of study are limited although consideration given to possible future research based upon this study</li> </ul>

(Walsh 2015) 10 student nurses. UK Phenomenological study involving focus groups and semi-structured interviews.	Development of personal social relationships increased practice learning. Students learn to carefully negotiate social boundaries.	<ul style="list-style-type: none"> <li>• Evidence for a link between the development of personal &amp; social relationships and learning</li> <li>• Team acceptance/ boundaries and learning</li> <li>• Student comparison to and support from peers</li> </ul>	<ul style="list-style-type: none"> <li>• Research aims discussed in introduction</li> <li>• Research design is justified</li> <li>• Discussion of recruitment strategy and limitations of this is included</li> <li>• Data collection discussed</li> <li>• Ethics approval and possible effect of researcher as teacher/power relationships as a limiting factor is discussed</li> <li>• Discussion of data analytical process</li> <li>• Findings are presented and discussed</li> <li>• Some discussion of study implications for practice although this lacks consideration of future research implications</li> </ul>
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**Table 1: Literature review summary**

### **3.4: CoP studies of non-nursing areas**

The first papers considered are studies conducted within broadly academic type settings because these formed the largest category of papers identified.

### **3.5: Academic settings**

Bathmaker and Avis (2005) conducted a study of identity formation within a group of trainee lecturers. The study reports on 13 completed responses to a questionnaire from a cohort group of 43. This found that student learning was negatively affected by the marginalisation and alienation encountered during a teaching placement. Newcomers encountered resistance and obstruction in crossing boundaries to existing practice. CoP theory was a useful way of framing this problem and considered valuable in allowing consideration of possible ways of resolving the situation. This suggested a need for individuals to go beyond individual accounts towards a position of shared reflection on the situation and possibilities for action. This is an example of a study in which the authors were critical of Cop theory and its perceived lack of attention to power dynamics within a situation.

Jawitz (2007) studied boundary conflicts within academic practice and examined the way in which new academics learn to judge student performance. This found that existing CoP's in the academic department shaped the experience of the new academics. The achievement of assessment competency was as much about engagement with socially defined assessment practice as it was about development of practical knowledge and competency. Gourlay (2011) examined the boundary experience of new academics. Study data comprised of interviews with five new lecturers about their experience of joining the university. Participants expressed feelings of isolation as well as confusion about what they were supposed to do. They also reported a lack of confidence in their own legitimacy as academics. Gourlay identified that these problems stemmed from cultural practices within the university and the difficulty of

newcomers crossing boundaries. Gourlay (2011) argues that this suggests a deficit in CoP theory. Problems experienced by new staff are evidence that it is a mistake to 'assume' that a community pre-exists within university departments. This is a puzzling conclusion. A more convincing interpretation of this evidence is that the study describes an attempt to enter into a community with rigid boundaries. This is consistent with the idea discussed above that some participants are likely to remain peripheral. In addition, there never was an assumption that communities were harmonious or that entry into them was an automatic process.

Kim (2011) investigated problems around transition into a university community. This study examined the experience of five Chinese students who studied at a university in the USA. Language barriers and unfamiliar pedagogical practice caused students to struggle with classroom discussion and presentations. An interesting point made in this study is that whilst some of the students adopted a passive role, others were more assertive in attempts to adapt to the environment. Whilst acknowledging the power of social interaction the study also touches upon the importance of individual characteristics within the CoP. The study describes a process in which students eventually managed to integrate within the existing peer group by a process of dialogue and a growth in mutual understanding.

Dahlgren (2006) studied the transition between boundaries separating higher education and working practice. The transition was characterised as a trajectory between different communities of practice. This study concluded that competence varies in both definition and degree between different practices. Psychology graduate employment entailed a high degree of continuity between academic and workplace settings. They found workplace participation to be relatively trouble free. By contrast, engineering and political science graduates found less continuity between the academic and workplace settings, these students characterised the

transition experience as involving discontinuity and greater stress. Their skills were more generic in that they required a greater degree of adaptation to allow workplace application.

### **3.6: Non-academic settings**

Abma (2007) conducted a study of an attempt to establish a CoP within a group of clinicians and managers of Dutch Psychiatric institutions. The project focused upon an attempt to reduce high levels of forcible restraint within mental hospitals in Holland. One finding was that a community formed over time and that as relationships developed so did dialogue and useful learning. Multiple perspectives and shared dialogue were a particularly rich source of learning. An interesting point was that learning was particularly stimulated where diverse perspectives confronted each other. The absence of consensus requires particular attention to the quality of relationships as a lack of sensitive handling could lead to conflict and a breakdown of the learning relationship. Abma (2007) concluded that there was a need to acknowledge power relations within a group and to recognise the ideas of less powerful group members. Schweitzer *et al.* (2008) reached a similar conclusion in a study of a collaborative project between stakeholders in the US bio-diesel industry. This recognised the need to address power relations within the group. Learning was impaired where participants did not feel able to speak openly. There was a need to negotiate agreement about the legitimacy of contributors to the discussion. It was difficult to separate issues of race, class and sex and there was a danger that group dialogue could perpetuate such divisions unless these issues received collective recognition.

A group of 65 novice IT Technicians in Hong Kong formed the basis of a study conducted by Ha (2008). Study findings were that participants valued on the job learning more highly than that delivered in class. Of particular use was experience gained whilst solving problems encountered when systems broke down. Participants found a variety of ways to learn, there

being no formal curriculum or single route to competence. The lack of a well-structured curriculum supported an argument that CoP theory is mistaken, as Ha perceives this to imply an assumption of a formal structure of some kind. However, Wengers (2014) recent description of professional learning requiring individual negotiation of a landscape of different practices would seem to encompass the experience of the IT Workers described in this study.

Grugulis and Stoyanova (2011) studied the experience of newcomers to the TV production industry. The CASP analysis of this paper suggests a weak study design. However, because this paper reveals some interesting ideas about perceptions of CoP theory it is included here. The authors report that this industry is fragmented and complex and that workplaces lack consistency and coherence. These authors are similar to Gourlay (2011) in arguing that CoP theory does not apply where an environment lacks cohesion. The criticism that CoP theory previously overemphasised entry to a single coherent community would have some validity. Arguably, however, Wengers (2014) more recent description of a complex landscape of practice negotiated by newcomers is particularly applicable to the example described in this study. In the face of a fragmented industry offering insecure and temporary contracts, the authors note that established professionals rely heavily upon a network of informal social contacts. This suggests a need for newcomers to work on the development of social networking skills as well as essential technical abilities.

Police training formed the basis of a longitudinal study into the experiences of 25 participants by Heslop (2011). This study highlighted the important socially situated aspects inherent in the process of becoming a Police officer. Participants needed to develop an ability to attune to social participative aspects of Police culture. Learning to become a Police officer involved changes to the social nature of participant behaviours. The study reached a similar conclusion

to that of Grugulis and Stoyanova (2011) in emphasising the need for recognition of socially mediated aspects of learning.

Development of professional identity amongst five Occupational Therapy (OT) students was the focus of a study by Davis (2006). This identified that CoP's encountered in practice had the potential to either inhibit or enhance the development of professional identity. Students encountered a range of differing approaches to their supervision during placement allocations. Some of the students worked in teams where mentors took a consultative approach to passing on skills and students were involved in routine day-to-day work. Where students were included in such practice they reported increased ability and confidence to articulate identity around their role as OT professionals. Other students worked in areas with supervisors who were more assertive about telling them what to do. These areas were also less likely to communicate and share ideas. Students expressed frustration about their involvement and reported that such an environment was less conducive to their developing professional identity. Central to development of identity as an OT was the interaction with other clinical professions. These 'cross-boundary' encounters involved students and mentors in defining parameters about the role of the OT. Whilst this served to strengthen self-perceptions of the role, the misunderstandings of other professionals continued to be a source of frustration.

### **3.7: CoP informed Studies related to nursing**

In the UK, universities provide nurse education on programmes approved by the Nursing and Midwifery Council (NMC), the regulating organisation for nurses and midwives (NMC, 2010). Nursing courses must involve at least three years full-time study and half of the training takes place in clinical settings. This requirement for practical, placement-based experience has foregrounded the historic importance of relationships between nursing students and their mentors, which several studies have explored. For example, Field (2004)

identified the pivotal position of the student nurse – mentor relationship and advocated the need to consider situated learning theory within the context of this relationship. Spouse (1998) published another discussion of this relationship as applied to nurse training. The background to this paper is that the author was exploring the impact of changes made to nurse education in the early 1990's (UKCC., 1986). Prior to this reform, nurse training had taken an apprenticeship style approach within clinical areas. The effect of the policy change was to move nurse training away from its historic practice base into a higher education setting. An outcome of this policy was a growth in concern about student nurses being too divorced from practice realities, stressed by the difficulty of integrating into practice (Brown, 2000). Another perception was that they were unable to fulfil basic care needs once qualified as evidenced by claims that nurses were becoming 'too posh to wash'(i.e. Young, 2004, Kirby, 2005). Although not widely framed in these terms at the time, much of this debate surrounded the degree to which nurse training was situated in practice or not and many of the studies below make specific reference to this reform in these terms. Referring to Lave and Wengers (1988) work, Spouse remarked upon the relevance of the concept of legitimate peripheral participation to an understanding of nurse learning. He also highlighted the need for nurse students to engage successfully in Cop's encountered in clinical practice. This paper also refers to Vygotsky's ideas developed further in activity theory (Engestrom and Cole, 1993) around the zone of proximal development. Spouse (2001) went on to use these ideas in a longitudinal study of eight nursing students, which examined how their relationships with mentors affected subsequent acquisition of professional knowledge. Students in the study described a range of relationships with mentors in terms of closeness and support given. The quality of placement learning achieved was closely dependent upon the nature of the nurse-student relationship. This relationship was also an important factor in terms of the extent to



which students could use this as a platform to go on and interact with other members of the clinical team. Although these studies uncritically mix ideas from activity Theory and CoP theory, they are of interest because of the focus upon social factors and nurse learning – ideas that are developed within literature that followed on from this and also within this thesis. Spouse (2003) went on to develop thinking about student nurse socialisation and learning. She argued that peer support amongst students allows them to develop their own group identity and that this provided an alternative support system during the placement. An important part of this support was that students shared stories about their experiences. Partly they derived emotional support from this but it also seemed important for them to gain reassurance that their individual progress matched that of their peers. Also within these discussions was an element of testing out use of unfamiliar terms, attitudes and perspectives encountered in practice. Students appeared to be using such conversation as ‘practice’ for the real world. Only when comfortable amongst peers with these new aspects of understanding were they ready to use them in practice. For these reasons, Spouse identified peer support as being an important factor in students developing the self-confidence needed to negotiate practice.

Cope *et al.* (2000) applied CoP ideas within a nursing context in a study that examined nurse learning in practice and focused on the centrality of the relationship between nurse mentor and student. This relationship is especially important to the quality of learning done in placement. The authors argue that this suggests a consideration of situated learning theory is particularly relevant to the nursing profession. The authors conducted semi-structured interviews with 30 pre-registration student nurses. A process of thematic analysis identified that a feeling of acceptance into the team was important for students. However, acceptance did not happen automatically and students had to earn this by demonstrating an appropriate level of competence. The study found a close relationship between social and clinical

acceptance. Some of the students reported less success at integration into placement. This emphasises the point that there is no assumption that appropriate learning will take place within a CoP, for some, this is an uncomfortable and unproductive experience. There was some relationship between practice success and length of placement in that students on shorter allocations tended to experience more difficulty in relationship development. The students discussed the uneasy relationship between the worlds of academic theory and actual nursing practice. The existence of a 'theory – practice gap' and the effect this has upon learning is a recurring preoccupation within nurse education (i.e. Côté *et al.*; 2012, Musker, 2011; Andrew *et al.* 2008; Chan *et al.* 2012). At this time, CoP thinking was less able to conceptualise such a divide and it is only in the recent iteration of this theory (Wenger *et al.* 2014) that this issue receives attention alongside issues around boundary conflicts between CoP's. Students also described the experience of being able to use clinical placement to facilitate contextualisation of academic learning. This is an important feature of CoP thinking which as discussed above emphasises the context bound nature of knowledge.

Following the above studies, several other authors went on to use CoP ideas in the context of health care training. A Norwegian study (Blåka, 2006) of midwifery education examined the experience of seven students allocated to a maternity ward. This study found that the process of becoming a midwife was as much about the social process of acceptance into that community as it was about learning the technical aspects of the role. For example, the integration of embodied knowledge such as stories told by seniors was important. This study was similar to Cope *et al.* (2000) in that some of the students failed to achieve satisfactory relationships with practitioners.

Ranse and Grealish (2007) conducted a study involving focus group interviews with a convenience group of 25 second and third year student nurses. The study set out to explore

participant experiences of practice learning and used a CoP framework as theoretical background. Quality of placement learning was dependent upon the relationship between student and mentor as this determined the extent of involvement with practice. Quality of engagement with peers was another important source of learning. Students found that they used peers to as a means of sharing experiences and an important source of reassurance that they had understood things correctly. The study concluded that attention to social skills type issues might be justified as part of pre-placement preparation.

Brigham and Smith (2008) examined the transition between the role of health care assistant and registered nurse. This study sought to investigate the emotional demands made upon mature students who were studying to enter a profession. The authors were particularly interested in identifying strategies and responses that helped students to deal with these stresses. Eleven student nurses participated in the study. One of the findings was that students relied upon peer support as a means of understanding and consolidating practice learning. This was also a means of receiving vital emotional support for the stressful nature of tasks encountered in practice. The culture of the clinical environment was also important and students thrived in areas that fostered a culture of learning, that were welcoming and gave opportunities for development. Students found that sometimes ideas drawn from academic practice did not always readily apply to practice and that they needed assistance in order to render these ideas intelligible. The study concluded that there was a need to facilitate peer support groups including the ability to respond appropriately to colleagues who were reflecting upon traumatic events. There was also a need to prepare students in terms of social skills that would increase their acceptability by established staff and to ease their transition to practice.

Murphy and Timmins (2009) examined power relations in a reflective study into the experience of a new nurse tutor. The authors used CoP theory as a means of examining the development of teaching practice. One of their findings was that new lecturers are anxious and uncertain about their role and lack confidence in classroom settings. A natural response is to attempt to impose structure and order upon the classroom setting and to develop a didactic approach to group interaction. When teachers take control of learning the effect is a reduction in learner autonomy and reduced classroom learning. One conclusion was that excessive use of teacher-centred methods may be incompatible with a practice-based profession and that new teachers require support to develop more student-centred approaches.

Roberts (2009) studied the role of socialisation within nurse learning. This study examined the clinical experiences of 15 pre-registration nursing students. Whereas Spouse (2003) identified the importance of students mutual support networks, Roberts developed this idea further by characterising these as being parallel CoP's. This 'alternate' community differed from the more 'officially' constituted CoP's found within academia or in practice. Unlike the ward environment, students had developed an 'ask anything' culture, which represented a safe space where expressing ignorance of any particular area did not lead to the questioner losing face. Another characteristic of this group was that members would learn from peers at any stage of training. Knowledge did not rely upon a hierarchical structure based on seniority. This study emphasised that friendship and social contact outside of the official learning environment were an integral part of community membership. The study concludes by arguing that learning in practice is a complex, context dependent and socially mediated activity.

Thrysoe *et al.* (2010d) identified differing degrees of participation with a CoP. The study found that the extent of integration into a nursing CoP was dependent upon the behaviours of

both the students and the existing team. This study interviewed and observed ten final year student nurses during clinical placement. An important mediating factor in their learning was the extent to which students and nurses became familiar with each other professionally and socially. Students being able to contribute knowledge to the team also facilitated their participation. The authors considered characteristics of a CoP in relation to the clinical areas studied (i.e. mutual engagement, joint enterprise and a shared repertoire). They argue that the extent to which a team shows positive aspects of these characteristics influences the effectiveness of that area as a learning environment. As well as sharing work with established staff, it was important to demonstrate mutual interest in each other's personal and social lives. Some of the students reported going on breaks with staff and participating in informal conversation with them. Where these links existed, the researchers noted that students integrated within the working environments almost as equals. Other students reported less favourable social conditions and being overlooked in discussions and managing to integrate to a lesser extent. The idea of LPP is central to this study. The authors argue that student participation differs in terms of relative peripherality and that this is due to a combination of team factors but also to individual characteristics. A significant factor was students own views regarding their ability and confidence. The authors argue that nurse education abstracted too far from the realities of practice is likely to be less effective. This study suggests the need to prepare students for the social aspect of practice as well as for the specific knowledge relevant to that area.

A further development of these ideas was an examination of the experiences of newly qualified nurse's attempts to integrate into work areas (Thrysoe, 2012). This study reports on interviews and observations made with nine newly qualified nurses. In the areas where mutual interest and dialogue developed, the newly qualified nurses reported successful transition to

practice. Those participants who reported less social contact were also more likely to have had a negative experience in the workplace.

Skaalvik *et al.* (2012) studied the relationship between dialogue, socialisation and learning amongst 12 nursing students in nursing home placements in Norway. In common with the above studies by Thrysoe (2010, 2012) this study reported that learner's experiences varied. The most effective learning environments allowed students to engage in professional dialogue. However, students in other homes reported a lonely experience in which their participation remained marginal. The study reported that these placements were relatively impoverished learning environments. Students identified that dialogue with their peers became increasingly important as a means of developing ideas about how to translate theory into practice.

A phenomenological research study exploring the effect of social interaction upon mental health nurse student learning formed the third year of this EdD study (Walsh, 2015). The study used ideas about Communities of Practice as described by Wenger *et al.* (2011) as its theoretical background. This was a pilot study, laying the foundation for the final thesis by examining some aspects of CoP theory within the context of the authors practice. Another reason for this study was to pilot approaches to data collection for use in the final thesis (discussed further in chapter 5). The study used data gathered by conducting semi-structured interviews with four students and two focus groups involving six participants. The first theme identified by the study was entitled comparison and competition. This found that comparison to others and keeping up with the group motivates students as well as allowing them a source of measurement and location in terms of progress. This applied whether the example from others is good or bad and it can relate to academic results, attitudes to learning and standards of conduct in practice. Individual students appear to understand their own ideas by critically

comparing themselves to other students or to people in clinical practice. The second theme was about group membership. For all of the students, group membership was a matter of concern as this provides emotional support at university and in practice. All of the students talked about the positive effect that peer support had on their learning. Students were also concerned with problems surrounding the social and cultural boundaries that they have to negotiate every time they go into placement. Some areas are easier to enter than others are and the process of entry was hazardous, requiring careful negotiation. Students mentioned that acceptance into a team often depended upon their ability to contribute to activities valued by the team or alternatively by freeing them up to focus on these. Another point was that there was a connection between being socially accepted and subsequent ability to learn in the placement. Once accepted, students recognised that as well as learning themselves they could also sometimes (albeit cautiously) influence the area. This was notably more apparent in accounts from the senior students. This group described how their confidence in relating to established staff had developed with experience. The final theme concerned the way in which academic learning influenced ideas about practice. There was agreement that the theoretical thinking encountered at university provided a basis for ideas applied in practice. However, all of the students found it necessary to adapt things taken from academic study before using these in practice.

### **3.8: Discussion**

An important principle of CoP theory is that learning and knowledge are inherently social in nature (Wenger, 1999; Wenger *et al.* 2014; Wenger *et al.* 2002; Wenger *et al.* 2011). All of the above-cited studies endorse this viewpoint in that they explicitly link social relations and learning and develop conclusions in terms of social action to support learning. Acceptance of the socially mediated nature of meaning and learning implies a need to consider issues around

social inequality and power relations. A perceived lack of attention to such issues within CoP theory has been the source of much criticism. It is interesting to contrast the treatment of this issue between the non-nursing and the nursing based studies. Several of the non-nursing based studies (Bathmaker and Avis, 2005; Abma, 2007; Schweitzer *et al.* 2008) pick up upon this point in that they do focus upon the way that power affects learning and conclude that there is a need to recognise and address such issues. For example, one means of addressing this issue is the suggestion that it is necessary to promote open dialogue (Abma, 2007; Schweitzer *et al.* 2008). By contrast, however, the nursing based studies appear to be more reticent about covering issues related to power relationships and this issue receives minimal consideration. This is of interest because the issue of power remains a live issue within nursing circles. The nursing profession is hierarchical in nature and was historically perceived as being ‘women’s work’ (D’Antonio, P, 2010). There are continuing suggestions that minority ethnic members of the profession experience discrimination and unfair treatment (Peate, 2014). Furthermore, the relative status of nursing as a profession and the extent to which nursing is subservient to the medical profession is an ongoing debate (Richardson-Tench, 2012). Despite evidence for the impact of power relations on the experience of newcomers to the profession, none of the studies explicitly addresses these issues. Arguably, the omission of a consideration of power relations within these studies reflects the relative neglect of such issues in earlier iterations of CoP theory as discussed above. Whereas it may be unreasonable to expect these small studies of individual learning to address such structural power issues fully, it is possible to criticise the fact that they fail to acknowledge the potential impact that these may have upon conclusions.

A further critique of CoP theory is a perceived lack of attention to individual learning and capability (i.e. Yakhlef, 2010; Grugulis and Stoyanova, 2011; Handley *et al.* 2006). Wenger



*et al.* (2014) acknowledge this critique in that their most recent work emphasises the idea that as individuals we have to interact with a complex 'landscape' of different communities. Identities form and are defined in relation to how we self-locate around these different community practices. Only three of the non-nursing studies acknowledge this point (i.e. Davis, 2006; Jawitz, 2007; Heslop, 2011) and discuss how learning to function in a profession is as much about the social process of developing identity in relation to that profession as it is about understanding the required factual knowledge aspects. The studies relating to nursing practice articulate this point more clearly. Within the UK, nurse training had a long tradition of a practice based apprenticeship type model. This recognised the importance of practice-based learning and the role that relationships had in the development of learning. Despite reforms which moved nursing into an academic setting there remains recognition of the role of the mentor-student, relationship in teaching students. The studies discussed by several of the authors below (i.e. Spouse, 1998; Spouse, 2001; Cope *et al.* 2000; Roberts, 2009) explicitly set out to discuss this factor. Studies by Thrysoe *et al.* (2010 and 2012) as well as the pilot study for this thesis (Walsh, 2015) found that the development of personal social relationships helped to develop learning.

The above point perhaps explains why the nursing studies are much clearer about the importance of the relationship between the individual learner and their practice mentor whereas the non-nursing studies do not consider this. Within several of the nursing based studies (i.e. Spouse, 2001; Cope *et al.* 2000; Blåka, 2006; Ranse and Grealish, 2007) there was a clear emphasis upon the importance of learner relationship with the clinical mentor. The non-nursing studies did not incorporate an emphasis on a one-to-one learning and mentoring arrangement. This may be because there is a practice heritage of individual mentorship within nurse training and that this continues to be influential.

It is important to understand the effect that boundaries have on learning. Whereas Wenger *et al.* (2014) argue that these have the potential to stifle and obstruct learning they also argue that these are a potentially rich source of innovation and knowledge development. Several of the non-nursing studies concern themselves with boundary issues (i.e. Bathmaker and Avis, 2005; Jawitz, 2007; Gourlay, 2011). Abma (2007) found interaction across boundaries between contrasting perspectives to be particularly valuable. Other studies focused upon negative aspects of boundary relations and failed to develop thinking about the potential for growth and exploration. The idea of a landscape of practice negotiated by individuals is a development in CoP thinking. Previously there was a critique that the idea of LPP over-emphasised the individual interaction with a single community. Instead, there is now recognition of a complex infrastructure of multiple communities across and within personal as well as professional or organisational boundaries. The nursing based studies also refer to issues relating to boundary encounters. Clearly, this is an issue within nurse training because of the need for students to constantly develop new relationships and understandings on the different clinical placements they encounter. Some areas are more receptive towards students and consequently these appear to offer greater learning opportunities (Cope *et al.* 2000; Blåka, 2006; Thrysoe *et al.* 2012; Thrysoe *et al.* 2010a; Skaalvik *et al.* 2012). The same studies also reported that other students were less successful at integrating themselves into practice and that consequently, learning was not as effective. Cope *et al.* (2000) identified that part of the process of becoming accepted involved students being able to bring something to the team. Students in the pilot study also reported the significance of being able to contribute usefully to team activities. The students recognised the need for caution whilst undertaking this process, aware of the delicate and sensitive nature of such actions. As discussed, the ways in which the admission of new members has the potential to transform established practice is a long-

standing facet of CoP theory. However, political and power based aspects of this activity only receive attention within its recent iteration (Wenger *et al.* 2014).

There is some evidence (Cope *et al.* 2000; Blåka, 2006; Davis, 2006) that becoming a professional is as much about social identity change as it is about learning the technical aspects of the role. However, in order to learn, students have first to negotiate practice boundaries by finding acceptance within the community. Within some of the nursing studies it was suggested that students in practice identified with peers, perhaps as a means of easing transition into the established teams in clinical placement areas. For example, Brigham and Smith (2008) discuss how mutual support derived from peers plays a significant role in getting the student through the significant emotional labour involved in social identity changes associated with becoming a nurse. Spouse (2003) found that students develop a group identity, which functions as an alternative support network whilst Roberts (2009) extended this idea by labelling these as being parallel CoP's. According to Wenger *et al.* (2014) individuals seek to be accountable to current practice within a community. This may explain the findings of Spouse (2003) who identified that as well as deriving emotional support, there was an element of checking and positioning themselves in terms of progress amongst their peers. This was also a factor identified in the pilot study for this thesis, which suggested that the ability to compare progress with peers was important to the students. There was some evidence in the study conducted by Blåka (2006) that greater reliance upon peer relationships results in areas where students struggle to be accepted.

Whilst recognising the powerful influence of team culture, several studies also identified the significance of individual characteristics. Whilst finding team culture to be significant, Thrysoe *et al.* (2010d) also concluded that successful practice integration was partly dependent on student behaviour. Both Ranse and Grealish (2007) and Brigham and Smith

(2008) concluded their studies with the suggestion that attention to student social skills would be a useful means of increasing practice learning. Murphy and Timmins (2009) highlighted the individual characteristics of the teacher. This study found that where new lecturers lack confidence there is a temptation to increase control over and restrict the dialogue within the class. Although this was a very small study, it suggests the idea that open dialogue may be characteristic of a more confident practitioner. This leads to the question that perhaps areas where students experience difficult integration are themselves less secure about their own practice.

Before discussing these individual studies further, some critical consideration is necessary. Firstly, all of the studies discuss student interaction with individual CoP's and some examine the concept of legitimate peripheral practice in terms of student attempts to become integrated into their practice areas. The result of this emphasis is that student engagement with multiple influences or with a 'landscape of practice' as more recently defined by Wenger *et al.* (2014) is not considered. All of these studies assume that their findings relate solely to student interaction with the particular environment studied.

Chapter 2 of this thesis discussed the focus on individual approaches to learning within Higher Education and it is possible to view situated learning as an alternative approach. However, a further possibility is that these ideas may become integrated. It is possible to see learning and knowledge as socially situated entities whilst also seeking to understand individual choices and attitudes towards about location in relation to these. This allows for the intriguing possibility of integrating approaches to learning theories (Marton and Säljö, 1976; Entwistle and Ramsden, 1983; Biggs, 2003b) with social learning theory.

### **3.9: CoP theory, literature review and development of research questions**

The final part of this chapter explains how ideas developed in the above literature review as well as in the previous chapter about CoP theory link to the research and the interview questions outlined in the following chapter. These concluding points have implications for the study design, data analysis and particularly in the final discussion of findings. This discussion must also be considered with regard to the initial discussion in Chapter 1 about the intended study purpose and ideas about possible outcomes. The original aim of the study was to identify social learning processes within the author's workplace and to develop ideas about how this understanding might influence pedagogy. Reference to the study literature review allows for a deeper analysis of study data, contextualised by and contrasted with ideas developed through engagement with the literature.

Firstly, the review found that social interaction was central to learning within the context of all the studies examined. However, none of these refers to mental health nurse training and practice. The fact that this study is unique in using CoP theory within this context is part of the claim to originality for this thesis. Therefore, an important aim of this study is to consider the part that social participation plays with the context of mental health nurse training. For this reason, the first questions asked are:

- How does social participation support the development of learning for student mental health nurses?
- How does social participation support the practice of qualified mental health nurses?

As discussed in the opening part of this thesis an important motivation for doing this study was the idea that it could lead to development of ideas about how to teach mental health nurses in relation to social learning theory. Whilst the first two questions set out to investigate the effect of social interaction upon learning, the third questions aims to consider the

implications of this for teaching, therefore the next study question concerns possible implications for pedagogical practice:

- What are the implications of this study for pedagogical design?

As stated, analysis of data allows further contextualisation by engagement with the literature. The following points need consideration Firstly, reference to the review clearly suggests a need to maintain awareness of how power relations influence participant experience of learning. An important theme identified in the above studies concerned the extent to which structural power imbalances affect learning. For the current study, this implies a need to maintain awareness of how power relations may affect participant learning. The students in the study are trying to develop understanding of the same knowledge base as that practised by the qualified nurses. However, in terms of relative power, the students are clearly at a disadvantage. Comparing and contrasting the experience of these two groups allows this study to say something about the effect that power differentials have on learning.

Secondly, it is important to consider how a person's approach to learning might influence the choices made or behaviours within the social interactions they encounter. Whilst the study design does not encompass an explicit examination of individual student learning approaches (for example as described by Biggs 2001c), it is necessary to at least be aware of this point when examining learner transcripts. It may also be possible for aspects of this study to inform future research into possible links between individual learning approach and social learning theory.

The communities encountered by learners are boundaried to a greater or lesser extent. The experience of negotiating these appears to be a significant mediator of learning. Again, the contrasting experience of the two groups may illuminate this point to some extent and in this respect, the boundary issue relates to the above points about power and how this affects

relationships. The student participants have a different experience of negotiating boundaries to their qualified nurse colleagues. The qualified nurses more often encounter boundary issues from their vantage point as members of an established team. The students however frequently have to gain entry and acceptance from these established teams. This implies the possibility that analysis of participant transcripts will show a difference in the relative accounts about strategies used to develop acceptance into teams.

In conclusion, this chapter has extended the discussion of CoP relevant literature started in the previous chapter. It also summarises broad themes drawn from consideration of material discussed in both of these literature review chapters. This theoretical and research basis is designed to provide a foundation for the following chapters that set out the study methodology and findings. The final chapters of this thesis revisit this discussion of existing research context in order to provide a context for the current study and to allow discussion of where study findings compare and contrast with other research.

## **CHAPTER 4: RESEARCH DESIGN**

### **4.1: Introduction**

This chapter gives information about the research design of this thesis. It opens by restating the overall study aims and questions as well as outlining the methods used to answer these questions. Chosen research methods are justified and explained. Finally, this chapter gives details of ethical considerations and the ethical approval process undertaken.

The overall study focus is “Using a Community of Practice approach to understand collaborative knowledge development amongst mental health nurse students and practitioners”.

There are three research questions for this study. The study questions developed with reference to the literature review discussed in the previous chapter.

Therefore, overall questions addressed in this study are:

- How does social participation support the development of learning for student mental health nurses?
- How does social participation support the practice of qualified mental health nurses?
- What are the implications of this study for pedagogical design?

### **4.2: Theoretical background to study**

This study involves student and nurse perceptions of how social interaction shapes the learning they do in academic settings and in clinical practice. Central to this is an adaptation of ideas about CoP (Lave and Wenger, 1991) which challenge assumptions made about asocial views of learning and which emphasise the collective construction of everyday practice. This focus upon individual perceptions implies a need to consider a compatible research approach.



Inherent to a positivistic approach is the ontological view of an externalised reality that can be objectively assessed (Denzin and Lincoln, 2011). This approach advocates examination of cause and effect relationships and empirical investigation leading to theory testing and verification or rejection (Creswell, 2009). If applied to this study it would require research design and data collection emphasising an attempt by the researcher to collect data about measurable and objectively quantifiable student interactions. The study would strive for an objective approach emphasising collection of data and statistical manipulation (Denscombe, 2014). This view of research states that understanding of external reality is developed by systematic examination of things we can see, hear and touch as opposed to aspects of personal and biased opinion (May, 2001). However, others question the possibility of perceiving objective reality, external to the mind of the person viewing it (Crotty, 2005). The socially constructed nature of reality and the unavoidable relationship between the researcher and the researched is emphasised (Denzin and Lincoln, 2008). Pring (2004) criticises the split between traditional approaches and those emphasising a socially constructed approach. He argues that our perceptions centre upon relatively stable features of our surroundings. If we recognise the historically formed, temporal and relative nature of our environment then we may attempt some quantification of features that surround us. Pring suggests that qualitative or quantitative methods are insufficient on their own and he argues instead for the adoption of a mixed methods approach. This entails the use of data from different sources and a process of triangulation to examine research findings.

Discussing the differences between positivism and ideas around the social construction of knowledge, Burr (2003) argues that both use a range of similar research methods. Where these approaches differ is in claims made about externally verifiable truth. In positivism, research aims to uncover existing truths whereas studies taking a socially constructed

viewpoint are more cautious, tending to emphasise the contingent and relative nature of findings. Central to the current study is the attempt to investigate individual perceptions of social surroundings. Another study aim is to broaden understanding of pedagogical approaches that might acknowledge such social processes. This approach suggests a need for research methodology that is broadly qualitative in nature.

This study uses two separate research approaches to analyse the data collected. This chapter continues by outlining these research approaches, gives information about the integration of these approaches into the study research design, and shows how these produced the data used to inform the study within this study. Following a discussion about phenomenology, the chapter describes research tools developed by Wenger *et al.* (2011).

#### **4.3: Methodology**

This study uses a combination of phenomenology and the value creation framework developed by Wenger *et al.* (2011). The decision to use these in this study came from conclusions developed in the pilot study for this thesis (Walsh, 2015). The value creation process is suitable for this study because Wenger *et al.* (2011) specifically developed this to accord with CoP theory. An earlier study used this framework (i.e. Guldberg *et al.* 2013) as well as the pilot study for this thesis (Walsh, 2015).

According to Vaitkus (2000), whilst Husserl developed the idea of phenomenology it is necessary to recognise that it has a complex philosophical lineage. Because of this complexity, Vaitkus (2000) recommends the cautious use of this term and the need to recognise that attempts to define it have varied. Discussing this diversity of ideas about phenomenology, Crotty (2005) gives a pragmatic definition, which he describes as an attempt to explain the usual interpretation of phenomenology. In this definition, phenomenology is the study of subjective and everyday experience. Researchers attempt to understand the world

from the point of view of the research subjects. Central to an understanding of phenomenology is the idea of human intentionality which Crotty (2005) describes as concerning the relationship between conscious subjects and the objects around them. This implies that consciousness always has a focus upon something. Crotty (2005) argues that there are two important implications of this stance. Firstly, it is impossible to understand people as being apart from the world and secondly it is impossible to understand the world without relation to people. Phenomenological research has developed as an attempt to understand people's perceptions, meanings, attitudes and beliefs as well as their feelings. It represents an attempt to capture the world from the everyday point of view of the research participant (Crotty, 2005). Phenomenology is an attempt to see things as others see them and the researcher is required to present ideas that emerge from the data in a way that is as faithful as possible to the original meanings of the participant (Denscombe, 2014).

As discussed above, the specific approach to phenomenological analysis used in this study is IPA as originally described by Smith *et al.* (1999). In a later discussion of IPA Smith *et al.* (2009) describe this as a particular approach to qualitative enquiry which sets out to examine the way in which people and reflect upon the significance of their experiences and make sense of these. In that the researcher tries to make sense of others attempts to make sense of their own experience the researcher engages in what Smith *et al.* (2009) describe as a 'double hermeneutic'. The implication of this is that the IPA based research data presented in Chapter 5 involves my attempt to make sense of and interpret the way in which other people made sense of their experience of learning as either a student nurse or as a nurse in practice.

The data collection method developed by Wenger *et al.* (2011) are different to the IPA approach described above in that they explicitly set out to impose a theoretical structure upon data collected. This makes it is necessary to consider the extent to which CoP theory relates to

a phenomenological approach. In terms of theoretical origins Wenger (1999) describes CoP thinking as being located somewhere between theories related to social structures such as culture and institutions as well as theories surrounding situated experience which give primacy to interactions on an individual level. CoP theory recognises that learning takes place within individual interactions but also sees these interactions as embedded within environments shaped by wider cultural and historical processes. According to Wenger (1999), in a CoP, actions achieve meaning only within wider contexts of interpersonal negotiation. CoP theory emphasises the socially situated nature of learning, considering learning and social participation to be inseparable concepts. It is possible to suggest a parallel between this perspective and that advocated by phenomenology. As discussed, a phenomenological approach problematises attempts to see people and descriptions of the world as being separate. Similarly, CoP theory sees human learning as comprising of two interrelated (and inseparable) activities – practice and knowledge creation. Guldberg and Mackness (2009) have previously addressed this problem in the context of a CoP informed study by arguing that IPA aligns within a CoP approach where interpretations develop from the point of view of participant accounts.

Possible alternative methods were grounded theory or narrative enquiry. Grounded theory is a systematic approach, which aims to develop theory based within the data collected in the study (Taylor 2013). This approach does not start out to develop data to fit within any particular theoretical perspective. This is potentially useful for this thesis because (as discussed below) an attempt was made to examine data from the perspective of the participant as well as that imposed by the CoP theoretical view. However, this study does not use grounded theory. The main reason for this is that this thesis set out with a clear intention to relate data to a specific theoretical perspective. As discussed by Denscombe (2014),

grounded theory does not lend itself to precise advanced planning and especially the need to attempt data saturation implies possible difficulty in predicting when the study will end. This did not fit well with the time limitation imposed in this study (i.e. the desire to complete within a reasonable timeframe). According to Smith *et al.* (2009), there are overlaps between IPA and grounded theory, especially because both have elements of an inductive approach to inquiry. However, they caution that because grounded theory implies an attempt to develop conceptual explanations there is a need for relatively large-scale sampling. By contrast, IPA sets out to develop a more nuanced analysis of a smaller number of participants as well as an attempt to consider areas of convergence and divergence between them and this much more clearly seemed to fit the aims of the current study.

Another possibility was the use of narrative analysis, which has become a popular means of social research (Denscombe 2014). Bryman (2015) summarises this as being an approach that seeks to elicit the sense that people make of their experience. He describes narrative analysis as moving the study focus away from an attempt to understand what actually happened towards a focus upon how participants make sense of what happened.

Ayres *et al.* (2003) discuss use of narrative analysis in response to critiques about theme generation within interpretive studies. They note that when a study aim is to develop generalisations from a range of accounts it is possible to lose contextual detail of individual accounts. A possible answer to this problem is to use a narrative approach, which as discussed sets out to obtain rich data around a holistic account. The problem now becomes one of sorting thematic data from very detailed multiple accounts. Similarly, discussing the design of narrative analysis studies, Connelly and Clandinin (1990) emphasise the use of relatively unstructured interview techniques. This is important because of the emphasis within such studies upon trying to elicit the ‘whole’ of a narrative in terms of where that participant sees

the beginning, middle and end of their story. Within this thesis, any attempt to prioritise the manner in which participants structured experience would have been difficult to reconcile with the aim of specifically focusing the study around particular learning experiences.

Other reasons for not using narrative analysis in this study are pragmatic ones. The pilot study for this thesis set out to test the use of the value creation framework alongside a phenomenological approach. Therefore, the most important reason for rejecting both of these approaches is that the researcher used either phenomenology (Walsh, 2009; Walsh, 2015) or the value creation framework (Walsh, 2015b) in work leading up to this study. A change in direction at this stage may have raised issues around compatibility and continuity between the pilot study and the current one.

#### **4.4 Use of IPA and Wenger value creation approach**

It is important to explain and justify the rationale behind the use of both these approaches. A key reason for the dual data analytical approach adopted in this study is that the IPA aspect of the analysis allows a focus on meaning making at an individual level in terms of how people learn through social interaction. The value creation framework has a different focus in that it specifically examines how interaction within a CoP adds value to the learning process. In this way, the study can say something about both individual interactions and the effect of social structures. It was possible to compare and contrast these elements, thereby enriching the quality of data analysis. This dual approach also allows critical assessment of how the theoretical assumptions underlying a phenomenological approach and the value creation framework may have influenced the outcome of the analysis (A more in depth discussion and evaluation of the different conclusions reached from these data approaches is in Chapter 8, section 8.2).

According to Schutt (2012) research can either take an ‘emic’ approach, which entails representing data in terms of what emerges from it. Alternately, it can take an ‘etic’ approach and present data in relation to the theoretical perspective of the researcher. This thesis takes both approaches. As discussed in the previous chapters, the study focus is upon the social nature of learning. The theoretical basis for this thesis draws upon ideas developed by Wenger *et al.* (2010). This background suggests the use of data collection methods designed to fit with these ideas. Used in isolation, this framework would produce an analysis relating solely to theoretical ideas developed by Wenger *et al.* (2010). However, reflection on study design led to concern that the study could develop an overly narrow focus. The initial aim of the study was to be able to say something about learner experience and the ideas of Wenger *et al.* (2010) form the main theoretical background. However, as discussed in Chapter 2, other ideas (i.e. Engeström, 2001; Hutchins, 1995; Entwistle and Ramsden, 1983; Marton and Säljö, 1976) have influenced the development of this study. It is not practicable to conduct a study utilising all of these alternative ideas. However, it is possible to analyse data that is as true as possible to the experience of participants. According to Mason (2002) the advantage of this approach is that the contrasting data analysis procedures allow a deeper interrogation and corroboration of data by facilitating a process of triangulation on the findings from the two approaches. This approach allowed a much more nuanced view of data which as will be seen in the final chapter of this thesis facilitated a deeper and more analytical discussion of study conclusions.

However, the theoretical approach to this study allows for a critical view of the idea that the two data analytical approaches are completely separate. The earlier discussions (in Chapter 2) about theorists who attempt to problematise accounts of individual cognition being separate from social participation are of central importance to this thesis. For example, Dewey’s ideas

about cognitive development occurring in transaction with everyday problems, Burr's ideas about the socially constructed nature of knowledge as well as Pea's argument that knowledge and socially collaborative actions are inseparable. Wenger (1999) is also clear that central to CoP theory is the idea that knowledge creation and social participation are not separate concepts.

This theme of attempting to integrate social learning theory and individual perceptions is also apparent within the discussion about pedagogy. The above-cited study by Bliuc *et al.* (2011) argued that it was possible to integrate pedagogical ideas about individual approaches to learning with social learning theories. The following discussion covered the extent to which integration of individual understanding and social participation is possible. This pedagogical thinking has influenced the outcome of this study.

Therefore, these ideas influence the data analytical approach to this study. The thesis attempts to present data in a way that recognises the possibility of unifying descriptions of individual perceptions with an account of social participation. Whilst arguably this is a relatively experimental approach, it is not without precedent. Development of this approach referred to a study published by Guldberg and Mackness (2009) which also used IPA within the framework of a CoP theoretical approach.

An evaluation of this and a discussion about the extent to which it has succeeded is included towards the end of this thesis.

#### **4.5: Method**

Fourteen semi-structured interviews were completed, seven with pre-registration student mental health nurses and seven with practicing mental health nurses. The interview schedule uses a value creation process developed by Wenger *et al.* (2011). This process sets out to capture the value created by CoP interaction by recording participant ideas based upon cycles



of value creation as defined by Wenger. It also captures accounts of value created from participation. This framework records participant examples whereby community participation led to a useful outcome in some aspect of their learning or ability to work with a particular problem (note that this is discussed in more detail below).

The interviews were audio recorded and transcribed. The resulting data underwent two separate data analysis procedures. Firstly, a data analysis procedure used methods described by Wenger *et al.* (2011) using the value creation analysis (chapter 6). Secondly, the same data was analysed using a process of IPA. This analysis presents data in terms of themes arising from it (described in chapter 7).

#### **4.6: Data collection**

The following section of this chapter gives an outline of the data collection approach used in this study. Participants completed a semi-structured interview based upon an adaptation (See appendix 1) of the value creation framework developed by Wenger *et al.* (2011). This section begins with a justification and explanation of the semi-structured interview process, following this is a description of the value creation framework.

#### **4.7: Semi Structured Interviews**

This study used interviews to gather data because of the need to obtain detailed information from participants about their experience of learning and interacting within the social groups encountered within their workplace or in their study. Whilst questionnaires are useful in allowing collection of data from a wider range of participants, the data gathered is more superficial in its content (Boynton and Greenhalgh, 2004) making their use inappropriate for this study. Another possibility was use of focus groups. These are a well-established tool within social research studies (Cronin, 2008) and formed part of the data collection strategy in the pilot study for this thesis (Walsh, 2015). However the practical difficulty of assembling

groups of busy NHS staff to take part in focus groups has been noted previously (Jayasekara, 2012; Burgess-Allen and Owen-Smith, 2010). Experience gained during the pilot study was that assembling groups of staff from the local mental health trust was difficult and resulted in hurried and frequently interrupted discussion.

In social research studies, semi structured interviews collect data relating to interpretations of and feelings about experiences (Denscombe, 2014). The naturalistic feel to the interaction is an advantage because this may allow the participant to relax and potentially open up more (Blaxter *et al.* 2006; Schutt, 2012; Wilkinson and Birmingham, 2003). Individual face to face contact may also improve response rates over other methods (Schutt, 2012). Semi structured interviews allow the researcher flexibility to vary the order of questions to suit circumstances (Denscombe, 2014). Because the researcher is present it is possible to ask more detailed questions, respondents can have questions clarified for them and the researcher can ask for clarification if required (Schutt, 2012; Fielding & Thomas cited in Cronin, 2008). Possible disadvantages are that interviews are time consuming and require more time to process larger quantities of data (Wilkinson and Birmingham, 2003). Although the interview process feels less formal, the researcher must ensure consistency of approach between interviews (Wilkinson and Birmingham, 2003; Schutt, 2012).

The structure of the interviews conducted in this study used ideas taken from Wenger *et al.* (2011). Wenger argues that the tacit, dynamic and socially distributed nature of knowledge prevents its management and measurement as if it were a physical asset (Wenger *et al.* 2011 p166). However, knowledge flows through community and network activities that individuals participate in and Wenger argues that it is possible to try to identify and understand these. In order to understand the value of knowledge created, Wenger suggests that it is useful to break this down into several related cycles. Firstly, community or network interaction produces

immediate value to the individual. For example, a nurse might get advice about how to deal with a particular situation or a student may receive advice from another student about how to complete an essay. Secondly, interactions can produce knowledge capital. This is not of immediate use but can be valuable in its potential for later use. This capital can be a piece of information but may also be a useful skill or a new perspective on something. A new connection with a group or a new person may also be of use later. The third cycle is concerned with practical application of learning. This cycle aims to capture evidence about how the application of information can influence practice. Whilst the third cycle examines how practice has changed, the fourth cycle involves an attempt to evaluate this change – it is important not to assume that change guarantees improvement. Therefore, participants reflect on the value of changes to practice. Finally, Wenger argues that social learning may cause re-evaluation of practice and new definitions of success to evolve.

Another way of understanding the value of knowledge developed through community interactions is to try to identify its outcomes. Therefore, the value creation strategy also elicits individual narrative about learning how this developed from social interactions. This retrospectively identifies links between valuable outcomes and the community or network interactions producing these. Participants talked about examples of such stories after responding to the questions in table 3.

The knowledge creation cycles and value creation narratives have been adapted for use in the current study. Research tools capture evidence about activities undertaken by participants, seeking to identify the value that people attribute to these activities, recorded using a grid (see appendices 2 and 3) which provides structure to the research interview. The grid examines the value of community participation and learning, looking at personal value, relationships with others, effect on professional practice as well as how the participant was able to influence the

community. There is also a framework for capturing examples of stories told by participants about specific examples of interactions experienced. This grid formed part of the data collection strategy in the pilot study (Walsh, 2015). The experience gained has influenced its use in the current study. When using this analysis to interview previous participants it was obvious that the format did not lend itself to asking questions. People who lacked understanding of CoP theory were puzzled by the instructions and questions based on the value creation analysis. Another problem in the pilot study was that the original analysis (see appendix 1) contains a fourth column asking about how participation has changed ability to ‘influence my world as a professional’. This part of the original question grid produced answers that were indistinguishable from those elicited in the first column or prompted respondents to ask for clarification. For this reason the column is not included in the version used in this study.

Therefore, the following questions developed from the original grid (Wenger *et al.* 2011) formed the schedule for the 7 interviews conducted with students and 7 with the qualified nurse participants (see these questions in relation to the grids in appendix 1, 2 and 3)

Interview schedule for qualified nurse participants	Interview schedule for student participants
<p>Q1 What groups or contacts do you have that help you to do your job? – is there any one person who advises /supports you or are there groups of people i.e. ward teams, people you see at meetings etc.</p> <p>Q2a How do the above groups or contacts affect you as a nurse? I.e. what difference does it make to you as a professional, your skills, and feelings? Do you do things differently in your work? Does it help you to work with service users or colleagues?</p> <p>Q2b What happens in the community/ network? What significant events or outputs are there? Face to face/ social media etc <i>examples?</i></p> <p>Q2c What practical difference to your practice does any of this make? – I.e. what value do you take from this? Are you better prepared? Does it improve your performance? Does this solve problems or give you ideas etc.? <i>examples?</i></p> <p>Q3a How does participation affect your relationships with others? i.e. does this help you meet new groups/ new people/ friends/contacts or strengthen contacts etc.?</p> <p>Q3b What sort of things happen? What outputs are there? How do you speak/contact / what specific events are there i.e. do you agree to meet again, find things out, share things etc. can you think of <i>examples?</i></p> <p>Q3c What value did you gain? Have they made new friends/contacts, do they have a sense of who knows what &amp; who could help?</p> <p>Q4a In what way have you changed what others do?</p> <p>Q4b Specific activities, events or outputs / documents/ guidance new practice Any examples?</p> <p>Q4c What value did you get personally from this? <i>I.e. personal satisfaction/meeting personal or work targets?</i></p>	<p>Q1 What groups or contacts do you have that help you to either complete your academic work or to know what to do in placement (or both) i.e. is there anyone who advises or supports you or are there groups of people such as study groups, ward teams, people you see at meetings etc</p> <p>Q2a How do the above groups or contacts affect you as a student? (<i>either in university or in placement</i>) i.e. what difference does it make to you as a student in university or in placement? How does it affect your skills, and feelings? What sort of things/issues do you ask about/ get advice about?</p> <p>Q2b What happens in the community/ network? How do you speak/contact / What significant events or outputs are there? Face to face/ social media etc <i>examples?</i></p> <p>Q2c What difference does any of this make? What value do you get from this? – I.e. are you better prepared, Does it improve your performance in University or in placement? Does this solve problems or give you ideas etc? <i>examples?</i></p> <p>Q3a How does participation affect your relationships with others? (<i>either in university or in placement</i>) i.e. does this help you meet new groups/ new people/ friends/contacts or strengthen contacts etc.?</p> <p>Q3b What sort of things happen? What outputs are there? How do you speak/contact / what specific events are there i.e. do you agree to meet again, find things out, share things etc. can you think of <i>examples?</i></p> <p>Q3c Value – what did you gain? Have they made new friends/contacts, do they have a sense of who knows what &amp; who could help?</p> <p>Q4a In what way have you changed what others do? (<i>either in university or in placement</i>)</p> <p>Q4b Specific activities, events or outputs / documents/ guidance new practice Any examples?</p> <p>Q4c What value did you get personally from this? <i>I.e. personal satisfaction/meeting personal or academic/ practice placement targets?</i></p>

**Table 2: Semi structured interview questions**

In order to focus participant thinking upon social influences encountered, the first question asks them to try to identify these groups and individual contacts. These questions provided a loose structure to the interview based upon the sections of the Wenger value creation analysis. However, within this structure the participants were encouraged to speak freely about issues and ideas that were important to them. This is partly to allow the interview to flow more naturally without requiring explanation of every question. This also allows data gathered

about participant ideas and responses to inform a phenomenological analysis as discussed in the section above.

#### **4.8: Data analysis**

Having selected the data collection strategy it is now necessary to consider data analysis. The next part of this chapter discusses the IPA part of the study. Following this is a consideration of how data collected via the Wenger value creation analysis. It is also necessary to consider the rationale for the analysis based on these two approaches and therefore the following section also addresses this point.

#### **4.9: Interpretive phenomenological analysis**

Firstly, data from individual interview schedules was analysed using a process of IPA as described by Smith (1999) and discussed by Reed *et al.* (2005) Shaw (2011) and Smith (2011). This section will justify the choice of this method of data analysis and give an overview of the process carried out.

IPA is an analytic process allowing detailed examination of individual accounts (Smith *et al.*, 1999). An assumption is that individual accounts are reflective of thoughts and can give some insight into individual meaning. As this interpretation is a qualitative process, inevitably the researcher will impose meaning and this requires the researcher to reflect on the extent to which accounts may have been influenced (Smith, 2010). Discussing this point, Reed *et al.* (2005) emphasise the need to present data transparently i.e. original texts made available and themes arising should clearly relate to original data.

Firstly, I read the transcribed data until I was familiar with the content. Next, I began to interpret the transcript, annotating the text, and remarking on any points of interest. Having studied the text, I re-read the notes, attempted to identify emerging themes and began to group these into superordinate and subordinate themes. At every stage, I referred back to the original

transcription to check that the text supported the developing themes. Finally, a table of themes was produced clearly referencing the original text and showing how the themes relate to it. Subsequent texts were analysed using the same technique leading to development of overall themes. This is a cyclical process in that the initial data can be re-examined in relation to themes that may arise later. The same data was also examined using the value creation analysis and the next part of this chapter describes the process undertaken.

#### **4.10: Analysis of data from value creation tool**

In discussing the collection, analysis and presentation of data produced by the value creation grid and narrative, Wenger (2011) outlines a process intended to be adapted to the purpose of individual researchers. There is no fixed formula to follow and it was necessary to adapt these ideas for the current study. The data analysis process described suggests a creative process of narrative construction used to develop a coherent account of material gathered. The research process described has similarities to accounts of the researcher as ‘bricoleur’ as discussed by Crotty (2005). This approach involves the researcher using research data to construct a coherent whole from the available resources. Although this process has an element of creativity, conclusions have to relate to material collected. It should be possible for anyone subsequently reading the research to understand the justification for conclusions drawn by being able to see how these relate to the original data.

Information recorded in the value creation analysis and the value creation narrative is complementary data. Leveraging these different sets of data produces a picture of value created by community involvement and individual networking. Wenger suggests that presented alone, individual accounts are less meaningful and more anecdotal in nature. However, aggregation of individual accounts provides a more powerful indicator of value. Finally, the combined effect of indicators of value creation and value creation narratives is

considered. Wenger argues that indicators and stories presented alone are less compelling and that robust evidence requires evidence from cumulatively developed evidence. A discussion around the combination of value creation indicators with examples of participant narrative is later in this study.

#### **4.11: Reliability, validity and sampling**

In studies that take a positivistic approach, reliability involves the extent to which experimental methods objectively measure external phenomena and it is important that the study design allows its replication with the same results (Kumar, 2011; Denscombe, 2014). However, this approach does not apply to the present study. Qualitative research demonstrates reliability when a study clearly states its aims and underpinning theoretical approach, describes the research process undertaken and shows the reasoning behind decisions taken (Denscombe, 2014). It is necessary to show that consistent and transparent procedures governed the current study. Whilst not necessarily reaching identical conclusions, another researcher should be able to understand the study method and the justification for conclusions reached should be transparent (Blaxter *et al.* 2006).

Validity describes the extent to which the study methods consistently measure what they set out to examine (Gilbert, 2008; Silverman, 2010). Qualitative studies show validity when conclusions are based on a review of all the data and not just those parts selected to fit a pre-determined conclusion (Silverman, 2013). Denscombe (2014) advocates triangulation of data as a means of demonstrating validity within a qualitative study. If data from a range of sources suggest similar conclusions then it is possible to argue that this is corroborating evidence for study findings.

It is also necessary to consider sampling issues. Qualitative researchers seek study participants because they are likely to help develop richer understanding of a particular issue and not to try



to generalise to others (Sandelowski, 1995; Polit, 2010). A rationale for studying both qualified and student nurses is in Chapter 1 and this is summarised below.

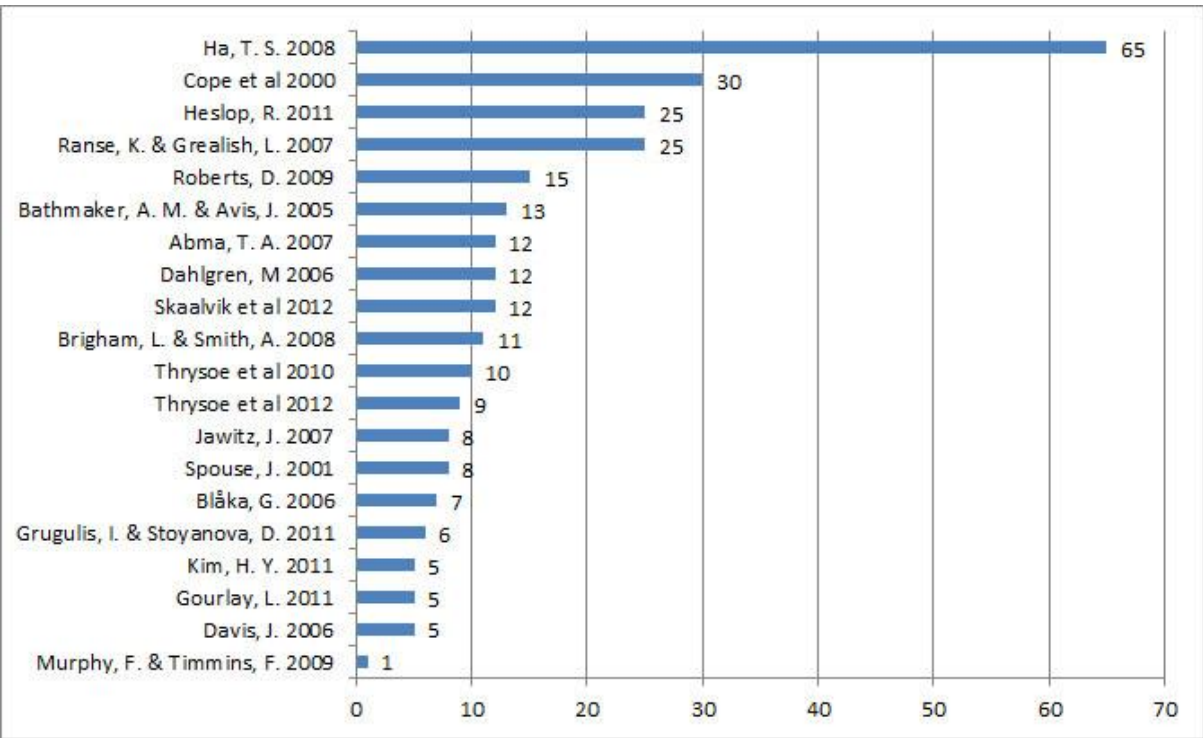
- Qualified mental health nurses are a major influence on student mental health nurses.
- According to CoP theory, newcomers to a community also have an influence on that practice.
- Studying both groups allows the study to compare and contrast findings.
- I teach groups of qualified mental health nurses as well as undergraduate students therefore study of both has practical outcome.

The current study is qualitative in nature and there is no intention of producing generalisable findings. The purpose of the study is to develop as rich an understanding as possible about the ways in which social relationships affect learning in the group of mental health nurse students and nurses accessed in the study. Other than a desire to examine how social learning theory applies to students or qualified mental health nurses there is no theoretical justification for sampling within these groups. However, because the IPA chapter refers to characteristics of the student participants, the table below gives some information about them:

<p>Student 1: Male student in third year of course</p> <p>Student 2: Male student in third year of course</p> <p>Student 3: Female student in third year of course</p> <p>Student 4: Female student in first year of course</p> <p>Student 5: Female student in first year of course</p> <p>Student 6: Female student in second year of course</p> <p>Student 7: Female student in third year of course</p>
---

**Table 3: Characteristics of student participants**

Therefore, sample size was the next issue. According to Sandelowski (1995) in qualitative studies, sample size has to be large enough to produce enough data to enable deep analysis whilst not being so large that data produced becomes overwhelming. Reference to research studies accessed in the literature review was a guide to help decide sample size. The average number of participants was 14, the largest study (Ha, 2008) involved 65 participants and the smallest (Murphy and Timmins, 2009) used only one person.



**Table 4: Cohort size of comparable studies**

A further consideration is time available to complete the study. Several authors (i.e. Babbie 2010; Denscombe, 2014) argue that small scale unfunded research requires a degree of compromise around sampling questions because the researcher has to work within the material and time restraints imposed by limited resources. It is necessary for researchers to be open about decisions made, to be clear about samples used, and to show reflection on the effect of the sample on the conclusions. Taking all of the above into account the final decision

was to aim to include 14 participants. Therefore, the final study involved interviews with 7 student nurses and 7 registered mental health nurses. The interviews took place between the 24.07.2014 and 16.09.2014. Participant recruitment was by response to an email request as well as by my asking students in class if there were any volunteers to take part in the study.

#### **4.12: Ethics**

Within educational research studies, researchers have a duty to respect the rights and dignity of participants, to avoid harm and to operate with honesty and integrity (Denscombe, 2014). The University of Birmingham gave the study ethical approval on 07.07.2014 (see appendix 4) and the author's university gave approval to contact students on 01.07.2014 (subject to receiving ethical approval from the University of Birmingham - see appendix 5). The NHS Trust director of research and innovation gave permission to involve practising nurses on the 16<sup>th</sup> July 2014 (see appendix 6).

This study uses ethical principles as set out by the British Educational Research Association (2011). It is important to consider the ethics of researching one's own students. As discussed by Comer (2009), educators often research their own students in an attempt to improve teaching and learning. Potentially there may be ethical problems around students feeling pressurised into taking part, as well as confidentiality and consent issues. Burr (2003) argues that researchers must recognise their own position, considering how this might influence research as well as the possible effects of power relationships between researcher and research subject. Therefore, I must acknowledge my relatively powerful position within my own institution compared to the students who are the subjects of this study. This is why the ethical application for this study was required to acknowledge the possibility of power imbalances and this is acknowledged in the as a study limitation.

Discussing the need to ensure that participants are able to give voluntary informed consent, Silverman (2013) recommends that participants receive information about the nature of the research, and that the researcher should check their understanding. Therefore, participants received individual handouts (appendix 7 and 8) explaining the research before being asked for their permission to be involved in the study. Denscombe (2014) discusses the need for researchers to act within the spirit of the data protection Act 1998. Therefore, participants had information about proposed data collection and understood that no data was kept that is not for use in the study. As required by the BERA guidance the participants received information at the start of the study about their right to withdraw at any time. Participant identifying data is not included in the study and all of the audio files are in a locked cupboard.

#### **4.13: Chapter Summary**

The previous four chapters have covered theoretical ideas with the intention of setting the scene for the practical research that forms the second part of this thesis. The current chapter developed this work by considering the practicalities of research design, the methods used and a justification for the use of these methods. The following two chapters present and summarise the data collected in this study. Firstly, chapter 5 gives information about the value creation framework data and following this, chapter 6 contains details of the IPA part of the study

## **CHAPTER 5: VALUE CREATION FRAMEWORK**

This chapter analyses the study data using the value creation framework developed by Wenger *et al.* (2011). The next section of this chapter presents a summary of the participant data collected through this method.

The data presented in this chapter draws upon a set of questions developed from the value creation framework. Table 5 contains a summary of the responses from the different groups. The chapter continues by giving a detailed description of participant responses to the different elements of the value creation framework.

	<b>How is group participation changing your nursing practice?</b>	<b>How participation is affecting your social relations?</b>	<b>How participation has allowed the person to influence others</b>
<b>Reasons of participation</b>	<p>Better knowledge of where to find information</p> <p>Developed understanding of specific clinical issues</p> <p>Evaluate or improve own my practice</p> <p>Helps me manage and implement changes</p> <p>Helps me to manage other staff</p> <p>Keeping up with practice development or changing requirements</p> <p>More able to understand the needs of clients or colleagues</p> <p>Sharing or new ideas with others</p>	<p>2 way flow of information mutual help</p> <p>Help to find new sources of information</p> <p>I feel more confident</p> <p>Learned to appreciate that people see the world differently</p> <p>Value of doing things with people</p> <p>Value of formal and informal contact</p> <p>Wide variety of contacts</p>	<p>I am able to coach people</p> <p>I influence people by working alongside them</p> <p>I can help people to network with others</p> <p>Influencing others also benefits me</p> <p>I help people to simulate practice</p> <p>Credibility is important</p> <p>My experience allows me to influence others</p>
<b>Activities, outputs, events</b>	<p>A useful conversation</p> <p>email contact</p> <p>meeting with others or conference</p> <p>Focus groups</p> <p>Passing people on to other sources of help</p>	<p>Developed links with other services</p> <p>Useful to compare my practice with others</p>	<p>I am able to operate more independently</p>
<b>Value to the participant</b>	<p>Reassurance that I'm doing things right</p> <p>Helps me make sense of things</p> <p>Awareness of others perspectives</p> <p>Able to see problems from different angles</p>	<p>I pick and choose who to speak to</p> <p>Developed a range of new contacts</p>	<p>Personal satisfaction</p> <p>Spurs me on to learn more</p>

**Table 5: Summary of nurse responses to the value creation analysis**

	<b>How is group participation changing what you do as a student?</b>	<b>How participation is affecting your social relations?</b>	<b>How participation has allowed the person to influence others</b>
<b>Reasons of participation</b>	<p>Helps me to be sure that I have understood assignment properly</p> <p>Helps me to understand ideas</p> <p>Helps me to work out what to do in placement</p> <p>Helps me to work out who is useful to my studies or not</p> <p>Showing interest is important in placement</p> <p>Useful to hear a different perspective</p> <p>Useful to work out if information is important or useful</p> <p>Emotional support</p> <p>Have to be careful who I ask power relations</p>	<p>Range of contacts broadens</p> <p>People like being consulted or asked to advise</p> <p>I am more confident with other people</p> <p>I am able to help others myself</p> <p>Helps me to meet new people</p> <p>Blend of social and formal contacts develop</p>	<p>We have to be careful about the relationship between ourselves and the placement staff</p> <p>I was able to advise other students</p> <p>Support is mutual</p> <p>Sometimes we are critical of what goes on in placement</p>
<b>Activities, outputs, events</b>	<p>Useful conversations</p> <p>Contacted other professionals</p> <p>Email correspondence</p> <p>Mahara or social media contact</p> <p>Speak to students ahead or behind me on the course</p>	<p>Developed links – online and personal</p> <p>Developed links with more senior students</p> <p>‘Putting the world to rights’ : Thinking about how to change things</p>	<p>I have brought new ideas into placement</p> <p>We influence each other’s learning by sharing ideas</p> <p>Find that theory and practice is different</p> <p>Questioning established practice is difficult</p>
<b>Value to the participant</b>	<p>Reassurance corrects or confirms my understanding</p> <p>Helps to locate my academic work in practice</p> <p>Increased my confidence in placement</p>	<p>Get a feel for who is knowledgeable and trustworthy</p> <p>Helps me to develop new contacts</p> <p>Helps me to develop my own ideas</p> <p>It is personally satisfying gratifying</p> <p>Able to copy others good practice</p>	<p>Gain emotional support</p> <p>Helped me to understand things better</p> <p>I compare notes with others who have had similar problems</p> <p>Support allowed me to achieve success</p>

**Table 6: Summary of student responses to the value creation analysis**

### 5.1: Column one: How does participation affect you personally?

The first part of the question grid gathers information about how community and network interactions affect the individual. Students talked about how this participation affected their studies, their time in university as well as their ability to work as a student nurse in clinical placements. The nurse participants talked about their experience as a professional person, their skills in working with mental health service users as well as their professional identity. The table below summarises the responses.

Students	Nurses
Helps me to be sure that I have understood assignment properly	Better knowledge of where to find information
Helps me to understand ideas	Developed understanding of specific clinical issues
Helps me to work out what to do in placement	Evaluate or improve own my practice
Helps me to work out who is useful to my studies or not	Helps me manage and implement changes
Showing interest is important in placement	Helps me to manage other staff
Useful to hear a different perspective	Keeping up with practice development or changing requirements
Useful to work out if information is important or useful to me	More able to understand the needs of clients or colleagues
Emotional support	Sharing or new ideas with others
Have to be careful who I ask power relations	

Table 7: How does participation affect you personally?

Both groups identified the importance of community and network interactions. Nurses use these to develop understanding of information as required. There was a sense that other people could provide practical advice grounded in experience:



*so there's usually a situation that will have occurred before and a solution will have been found so you don't have to reinvent the wheel every time so that you can always go back into clinical documentation (nurse 4)*

It is also important for the nurses to access information about specific clinical problems.

*we've had some serious incidents so I've used colleagues in the MDT (Multi-disciplinary-team) like consultants and psychologists to talk things through really to make sure we are thinking about the same thing, thinking about our practice and making sure we have everything covered – in terms of staff management it tends to be if there is something unusual that you rarely come across, some complex long term sickness or something like that and you'd probably use colleagues and your manager for that and I'd phone to make sure we have the correct HR advice. (nurse 3)*

The students also express ideas about trying to understand clinical situations but they also have to try to understand conceptual ideas:

*Sometimes it might be about concepts such as the humanistic approach say as a concept erm, if I haven't answered something in class then I might go and approach another one of my peers in the group and I might ask them to explain it to me in a different way because I might understand it in that way or sometimes on purpose I'll explain it to them first and then they will tell me if they think I have picked it up or not so I find that easier at times (student 1)*

Nurses also described the way in which sharing of ideas was important in helping them to develop their thinking about problems:

*you often get pulled into discussion about managing patients that you don't know and that they are maybe over on the (redacted) unit maybe downstairs where you have a*

*discussion about what's the best way of managing this situation, how would you guys do it if this was happening on your ward and it broadens things out (nurse 1)*

Both students and nurses described the experience of stressful interactions. There were similarities in the way that both groups derived emotional support from participants. For example, nurse 4 talked about how interaction had helped develop thinking and that this had helped to reduce the stress caused by a particularly difficult client group whilst student 7 talked about the stress of assignments:

*I have consulted around managing patients in a consistent manner that have personality disorders and the issues that this presents to nurses - not so much on a clinical level but the personal aftermath of dealing with quite distressing and challenging situations- so that's something I've gone off and had conversations about and I think if I hadn't done that I wouldn't be managing my stress levels as well as I could have been (nurse 4)*

*We talk about assessments and what kind of assessments we have to do. A lot of it is to do with workload they will say that this is going to be a really busy time you need to prepare for it. A lot of the cohort I am with at the moment It's how to manage stress actually (student 7)*

Another student described receiving support from someone in placement after a service user hit her:

*I was really like upset by it but then somebody else who had worked on a really violent acute ward really did help me just put it into perspective it wasn't like someone in the street came up and hit me and it made me realise that it was partly what I was doing as well and not to put yourself in that situation again so that was really helpful.*

Whilst this student received ad-hoc support from someone in placement, students more often referred to relying upon help from their university cohort group:

*There is a very supportive environment which I found surprising, I hadn't expected that but there is quite a number of people that I can approach If I want a chat or anything like that and people approach me about the same things, how to deal with stress and personalities and things like that (student 7)*

Both students and nurses describe the need to develop practice that fits with established rules and protocols. Community and networking participation appears to be important for both groups. Nurse 7 works in a secure hospital environment. She gave as an example a problem she had with a decision about whether to move a potentially difficult service user:

*so I spoke to one of my colleagues and said what do you think and he said you know what, whatever it takes you need to get him back into the purpose built room even though I know it might disrupt his sleep or whatever he is doing at the moment but if anything should happen they'll ask you why did you make that decision to keep him in that room that's not risk assessed – you could do it in an emergency situation but now that has passed you've got to move him.*

In this example, the nurse is concerned that her actions corresponded with the rules of the workplace and networking helped her to respond in accordance with these. The students expressed similar ideas about coping with practice. For example, in hospital ward areas knowing which doors to lock or to leave open is vitally important because of safety concerns. Similarly, in some areas nurses have to be careful how they approach particular mental health service users. New students have to develop familiarity with these protocols:

*On placement it would be anything like do I lock this door or to how do I approach this patient – like I didn't know what the main rules were or what things you really*

*shouldn't do like I once went into a private room of this one guy who is really violent I shouldn't have done that but I just didn't really know how to either say no or what so I'd ask what would you have done to a girl who had been working in the trust for years (student 4)*

Whilst both nurses and students try to develop efficient ways of doing things, aspects of the student's accounts sometimes describe adoption of a more strategic approach – especially to the completion of academic tasks.

*it's like do I need to know this for where I am going to be going and if the answers no then to be honest it gets put on the back burner and I look at the stuff I need to look at ( student 1)*

Similarly, student 6 appears to be trying to restrict their reading and thinking so that they focus on the requirements of the academic assignment:

*In terms of content required for assignments checking that what I've got in my head matches what's on the brief because sometimes I have a tendency to over complicate what's on the brief (student 6)*

## **5.2: Community and network activities**

The next part of the grid examines the activities involved in the community or network and seeks to highlight significant events and experiences. The participant data suggested the following ideas.

Students	Nurses
Useful conversations	A useful conversation
Contacted other professionals	email contact meeting with others or
Email correspondence	conference
Social media contact	Focus groups
Speak to students ahead or behind me on the course	Passing people on to other sources of help

**Table 8: Community and network activities**

Both groups talk about the importance of conversation with others and they also participate in formal information exchanges such as that which takes place in meetings or in lectures. However, it was interesting that people tended to talk about the value of less formal interactions. Student 2 describes his experience of a formal meeting (the handover between nursing shifts). Although the handover gave some information it was only when she enquired further that she developed understanding:

*even after that handover is over there is may be one or two patients there is stuff that you like really want to understand what is going on, so after the handover you find one of the nurses and say just explain that a bit further so like what is the problem with this person and what's going on and what is the best way of dealing with them... and the nurses will take time to explain because you have shown your interest in wanting to do the best for that patient so they tell you the triggers, don't do this don't do that be mindful of the triggers so you tend to get things that I find very helpful*

Similarly, many of the nurses talked about the value of formal and informal contact and the way that general conversations provide useful information:

*From professional point of view, NMC (Nursing and Midwifery Council) information and other colleagues say 'have you read this?' 'Do you know what's going on there?'*

*- 'have you heard about this?' so both formally and informally (nurse 1)*

Both groups also described the use of social media or online resources. For example, students have resources provided by the university:

*We use Mahara (an e-portfolio) actually I think it is there mostly for the e portfolio but we have used it as a forum to communicate with people and people share things like experiences and opportunities so if things that happen in media I know one or two people who find things that are relevant at the time will post it online for everybody to see (student 7)*

Whilst another uses Facebook:

*Facebook we can contact each other on there – I will also email especially the ones I can't get hold of on Facebook but if I can use Facebook that seems to be the way of doing things so that's what I end up doing (student 6)*

The nurses only talked about use of email but did not mention online forums. This may be because confidentiality requirements would bar them from using social media to discuss problems with mental health service users.

### **5.3: Individual participation**

The next part of the analysis focuses on what the individual gained from their participation, it identifies the value gained from this and especially how they put the learning to use.

Students	Nurses
Reassurance corrects or confirms my understanding	Reassurance that I'm doing things right
Helps to locate my academic work in practice	Helps me make sense of things
Increased my confidence in placement	Awareness of others perspectives
	Able to see problems from different angles

**Table 9: Individual participation**

The most prominent response to this part of the questionnaire was the finding that both students and nurses were concerned to ensure that their thinking corresponded to that of others. Contact with others serves as a measure. This means either confirming that the individual has understood something correctly or alternately that there is a misunderstanding that requires correction. Student 1 encapsulates this idea:

*during lectures I think oh yes I understand that but when I go and try to explain it to someone it's like the complete opposite of what I have just been told because I have heard what I wanted to hear and if that's not picked up on then that's going to cause problems in practice or in an examination or something like that – but even if I have got the concept right and no-one has corrected me then it's enforced that learning and I know that I am correct*

Student 7 was also reassured by realising that someone else had a similar problem:

*It's nice to know that there is somebody else experiencing the same things as you are and that you are not on your own and I suppose when you're in a problem sometimes it's difficult to see what things you can do to make it better*

Other nurses expressed similar ideas:

*..it informs how you do things and it gives you a sense of reassurance that maybe you're doing things correctly (nurse 7)*

*Maybe it's about reassurance as well that you are thinking along the right lines and that you have explored the correct options (nurse 3)*

A related idea was that people valued the ability to get a different perspective on ideas. There was a sense that as well as ensuring conformity as described above, the participants had some awareness that sharing ideas helped to expand thinking.

*I'll make a decision quickly if I have to but if we have more time to discuss thoroughly I prefer to do that because any discussion might generate something you haven't thought of or put another perspective on something (nurse 3)*

Two of the students made similar points, although they focused on the value of including a practice perspective in their academic work. One student said that this helped him to gain a deeper understanding of theoretical perspectives:

*if it's about something academic you get an insight into how to go about it as well regardless because sometimes what you are told sinks deeper if you meet someone else who makes it brighter to understand (student 2)*

Student 3 also expresses this idea:

*I think in terms of assignments it meant I was able to include a real world view on what it was like ....which is something that I think it was in the literature but it wasn't really highlighted as a significant issue so I guess reaching out to professionals in their specific areas gives you a more ground level view rather than reading about it the policies and reading in research*



#### 5.4: Column two: Relationship with colleagues

The next part of the questionnaire concerns the way individuals relate to colleagues. This seeks to examine the extent to which levels of interaction change and whether the quality of relationships develops over time. In the first part of this section people were asked about their contacts with others, how these developed over time and about aspects such as the extent to which initial contact led on to their networks and groups becoming enlarged. Both nurses and students described the way in which their contacts developed over time and that this was important to their learning.

Students	Nurses
Range of contacts broadens	2 way flow of information mutual help
People like being consulted or asked to advise	Help to find new sources of information
I am more confident with other people	I feel more confident
I am able to help others myself	Learned to appreciate that people see the world differently
Helps me to meet new people	Value of doing things with people
Blend of social and formal contacts develop	Value of formal and informal contact
	Wide variety of contacts

Table 10: Relationship with colleagues

Partly, people were describing an expanded network in terms of numbers of contacts. For example, students 3, 5 and 7 said:

*I think people tend to suggest other sources of support and it does kind of spiral from there (student 3)*

*I guess my network is slowly building and I speak to second years as well and so in a sense it has started to grow (student 5)*

*it has definitely expanded since I got here I suppose I have been going into more practice areas and I suppose it's really hard to think it's just something that happens*  
(student 7)

Similar ideas came from the nurses interviewed:

*It builds up every day really depending on what you want to learn or what information you are trying to achieve is where the links are and you kind of develop more and more* (nurse 5)

*as time goes on you meet new people you go to work in new departments your role changes you meet other disciplines on a day-to-day basis you might go into more meetings so it does expand* (nurse 7)

However, this aspect of interaction is not solely about the number of contacts one has. There is also a suggestion that as people become more experienced in their dealings with others their social skills develop - enabling them to more easily develop useful relationships in future. This is something that student 7 described when reflecting on how she learnt to cope with new practice areas:

*You get more used to going to new places and you get used to having that new girl thing time-and-time again it becomes quite predictable you know what the process is going to be*

Student 3 also mentions a feeling of growing confidence in interactions with clinical staff:

*I think I am a lot less scared to approach people and I think just having positive experiences makes you feel that people are willing to help students and that it's not necessarily our right to ask these professionals but it is part of our role and it's something that is like expected it's expected that students will reach out to people and*

*will look to increase their learning and I think that the way I phrase the emails it's a lot more erm I guess more confident*

Experienced nurses develop clinical knowledge over the course of their career. This study also highlights that many of the nurses described the way that their contacts built over time. Nurses maintain these contacts, often informally over many years and use these as a resource when required. nurse 2 provides a good example of this:

*I have been a nurse for a long time now so having worked in Birmingham for a majority of my nursing career it clearly does, people that are contacts now in my world – globally, not just within this trust and mental health might have been contacts from many years ago when I was a student nurse or a practice nurse in GP surgery so I think that you just get an ever spreading network of connections really*

Another point from this part of the study is that many of the participants discussed the importance of informal social networks. This was very apparent from both the student and the qualified nurse interviews:

*it's not like meeting in this booked room it's more do you want to go out for a bite , a chat about this and we'll have a very loose agenda it's like I want to talk about person centred care and there is no real frame to it, it's just a chat and in between we'll talk about the football whatever and then we'll come back to the topic, it's very loose*  
(student 1)

*one of the registered nurses in placement has got me on Facebook even though I don't do a lot on that. He told me if I'm stuck with anything or want any advice just to message him and so on* (student 5)

*the informal links in actual fact those kind of networks and support mechanisms and learning mechanisms are probably stronger in a lot of respects than the formal one*  
(nurse 2)

### 5.5: Significant events and experiences

The next part of the questionnaire examines what happens when people meet and identifies significant events and experiences.

Students	Nurses
Developed links – online and personal	Developed links with other services
Developed links with more senior students	Useful to compare my practice with others
‘Putting the world to rights’ : Thinking about how to change things	

**Table 11: What sorts of things happen? What outputs are there?**

For both groups, the most important aspects identified were to do with development of contacts with groups or networks. Students mentioned the development of contacts with peers and that this included fellow cohort members as well as students who were further ahead on the course.

*We also have an online group, we throw questions on there and you tend to get a good response, also if you have found a good article just post it on there - people post things and you learn like that as well I have noticed that if people find things there and post it there tends to be a good response (student 2)*

Two of the nurses also talked about developing links, for example, nurse 5 talked about developing practice with people with personality disorder (BPD)

*Working with people with challenging behaviour like somebody with BPD I have linked up with other services to allow me to see what kind of things they were doing that we can either work with or avoid in our service.*

It was interesting to note that in this case the value was not in information exchanged but in comparison of practice. This person had identified the ability to benefit from a good or a bad example of practice:

*we were able to use where they didn't do it quite so well and it's been good because there's the fact that I can think about how to adapt that into the environment where I currently work*

One of the students talked about how their discussion would continue in informal social settings and that they would reflect upon experience and consider how things could be better:

*putting the world to rights when we go on a night out, a lot of people talking about what they've seen what they like and what they don't like and how they'd do things differently (student 3)*

## 5.6: What do participants gain from interaction?

The next part of the questionnaire identifies what participants gained from their interaction with colleagues.

Students	Nurses
Get a feel for who is knowledgeable and trustworthy	I pick and choose who to speak to
Helps me to develop new contacts	Developed a range of new contacts
Helps me to develop my own ideas	
It is personally satisfying gratifying	
Able to copy others good practice	

Table 12: What do participants gain from interaction?

A major factor in previous sections has been the idea that people develop contacts and have an idea who to contact and how to do this. This section continues that theme although a very

clear idea that emerges here (from both sets of participants) is that people become more able to evaluate the worth of information from others. People are keen to identify the quality of information received and make use of this judgment to seek out or avoid sources in future.

*there is an element of picking and choosing who you talk to about certain things and that probably grows and that concept probably gets bigger the further into the course you get because you learn who's strong at some subjects and who is strong at other subjects (student 1)*

Whilst this student had made a judgment about the academic ability of peers, the nurses expressed similar ideas based on observation of the practice of others:

*Who you trust I guess and whose practice you would like to emulate (nurse 2)*

*Sometimes you have to be really careful about who you ask, sometimes I would avoid asking certain people if they were the only people available because I am not sure I'd be confident in their response, so I think I'd rather seek further advice anyway and not confuse things, I'd wait (nurse 3)*

*again it's something that builds over time as well that somebody becomes a reliable person to you or a reliable source because you've maybe sought their advice a couple of times and seen good outcomes or whatever, if you can see that that was correct advice that was useful or helpful for the team or helpful for a patient whatever. (nurse 3)*

*I suppose you kind of get a feel when you are talking to people about whether they are knowledgeable within the area that you want to learn from (nurse 5)*

Several of the nurses expressed a sense of personal satisfaction gained from successful interactions with others. For example, nurse 1 described a feeling of satisfaction when others had consulted her about how best to do something:

*if people have approached me and said 'what do you think' well it's quite a warm feeling really you feel quite good that people think you have a bit of knowledge and understanding*

Nurse 4 felt satisfied that her confidence had grown which enabled her to cope more effectively with potentially challenging situations:

*before if I had got an invitation from a university to say you must attend a panel I'd have been there and probably shaking in my boots thinking what have I done. I think it gives you the confidence to make you more assertive in the way that you communicate.*

One of the students also talked about a growing sense of confidence at this point and described how this allowed her to benefit from and to manage her contacts more effectively:

*Being more prepared to take responsibility for making those connections and find out information and not being afraid to approach people if it's people in quite high up positions and just asking questions if you are unsure asking for information if you don't have it (student 3)*

It is interesting to compare this with a comment made by nurse 3

*it's the way you engage somebody or the way they engage you and it's the way that they can articulate the information that you ask them for as well isn't it, whether it's logical, whether you can understand it, whether, you know if they are clear and confident about it*

This suggests that as students progress they develop an understanding of practice areas and of the ways that people express themselves. As they develop a common language and a common way of seeing the world, they are better able to engage with practitioners and this in turn enhances their ability to learn in practice.

**5.7: Column three: How participation changes my ability to influence my world as a student/nurse**

<b>Students</b>	<b>Nurses</b>
<p>We have to be careful about the relationship between ourselves and the placement staff</p> <p>I was able to advise other students</p> <p>Support is mutual</p> <p>Sometimes we are critical of what goes on in placement</p>	<p>I am able to coach people</p> <p>I influence people by working alongside them</p> <p>I can help people to network with others</p> <p>Influencing others also benefits me</p> <p>I help people to simulate practice</p> <p>Credibility is important</p> <p>My experience allows me to influence others</p>

**Table 13: How participation changes my ability to influence my world as a student/nurse**

The first part of this section looks at how people are able to influence what happens in practice as well as what they were hoping to achieve. For both groups of participants there was awareness that some things needed change but the relative power resources are very apparent. Qualified nurses have more ability to change practice. Students however, show awareness that they have greater limits on their actions and that they have to be careful not to upset people who have power over them.

There was a strong suggestion that the qualified nurses preferred to adopt a coaching approach when trying to influence others, for example:

*so we just go through lots of stuff and then I throw a lot of ideas on the table and we'll sort of discuss options – maybe even, I have taken to interviewing people as the client what they call this internalised other interviewing so getting people to sort of simulate*



*the experience of what the clients experience is like, so me interviewing them as if they were the client (nurse 1)*

*it's like trying to motivate and inspire other nurses and that's around practising in the way you want to see your team practice (nurse 4)*

*I think an aspect of the role I am in at the moment I am working on the shop floor as well so I can observe and I can support people by coaching that's part of my role in care planning for example and people are not too sure how to do aspects of care planning appropriately to support the service user and I can support them and coach them in how they can work with that (nurse 5)*

Accounts from the students show that they identify aspects of practice that they would like to change or that they are critical of, for example:

*I've gone home and phoned a friend and said this has just happened in practice and have I got things right here? That shouldn't be happening should it? (student 3)*

*on one placement was that they tended not to use a hoist – they just went for a quicker option and I didn't really like that and the one time I said why don't we get the hoist they were like, it wasn't nurses it was two HCA's they were just like oh you know they teach you this at University but it's just not really practical (student 4)*

In practice and with established ward staff, despite having ideas about alternative ways of doing things, students, conscious of their relative lack of power tended to avoid conflict:

*I am quite careful in placement I try to avoid conflict as much as possible because I am aware that the person I am arguing with there is signing my book (student 1)*

*I didn't agree but when you're faced with someone, they are older as well so they had clearly worked there a few years and it was my first placement I didn't feel that I was qualified enough to start pressuring us to do it further (student 4)*

*if they are showing negative energy towards you and you are showing it back it's not going to get you anywhere but if you show them positive energy and that you want to be productive (student 5)*

### 5.8: Specific events and experiences?

The next part of the questionnaire is about identifying specific events and experiences where the participants had been able to influence others.

Students	Nurses
<p>I have brought new ideas into placement</p> <p>We influence each other's learning by sharing ideas</p> <p>Find that theory and practice is different</p> <p>Questioning established practice is difficult</p> <p>hazardous</p>	<p>I am able to operate more independently</p>

Table 14: Specific events and experiences?

Again, the awareness of power imbalance featured prominently in the student accounts. Student 1 attempted to do this by using established policy as a lever. In this example, student 1 was trying to ask why staff persisted in using a particular injection site despite a policy change encouraging nurses to use an alternative site:

*I always use this one because there is a policy for it and I always say if you don't do it in the hip then you have to record why you haven't done it there and every time they say we've never done it there and we are probably not going to*

Student 3 had also considered the use of evidence to support her ideas in practice:

*it gives us evidence to justify what we are doing you feel more secure in challenging things like the use of medication because there are books out there that explain why it's not necessarily a good thing so I think sharing resources make us all feel better*

*about holding those views and more secure in those views and more likely to keep them going*

The above quotation relates to another point made by students, which was that definitions and ideas about mental illness in university differed from ideas expressed in clinical areas:

*I think what else can be difficult is you get this consensus at university that's quite anti medication and where possible, things should be psycho social or psychological but you do find on placement that things are medical model led in terms of intervention or generally medication and the way they argue is it will be a dual pronged approach with psychology etc. but you never really see that (student 1)*

Again though, students were able to influence each other more easily than they could change practice views:

*and also I bought a really good text book on mental health law and thought oh this is really good I brought it into Uni showed others I've even taken it into placement and saying look this book is really good if you get students it's a really good book to recommend to people I think it's like us not being precious about resources and knowledge and people put stuff on mahara and I guess it's kind of a cohort where if you find something good then you don't keep it for yourself and use it to your own advantage it's really good we should all be having access to this which is quite a nice place to be*

One of the nurses described the importance of being able to act independently when their manager was not available. This enabled her to function independently and had an effect on career advancement:

*it gives me more confidence to do those things in the right manner to do them efficiently but also with a view to career progression and it helps me feel I am*

*fulfilling my role properly because I need to be able to operate in the absence of my manager if I'm not party to all the skills I need and the knowledge then I'm not going to be able to do that properly and I'll be calling on people maybe that I don't need to*  
(nurse 4)

### 5.9: Individual benefit from interaction

The final part of the analysis examines how the individual benefitted from their interactions, in this case for example, how did the person benefit from influencing others or by changing practice?

Students	Nurses
Gain emotional support	Personal satisfaction
Helped me to understand things better	Spurs me on to learn more
I compare notes with others who have had similar problems	
Support allowed me to achieve success	

**Table 15: Individual benefit from interaction**

Several of the nurses described the personal satisfaction they felt when seeing others develop.

It is clear that people are emotionally engaged in this process. For example, nurse 5 said:

*I find it quite satisfying if people feel that they can come to me for my experience and they are not as experienced as me and I find that a real compliment*

Nurse 7 talked about the satisfaction derived from seeing others develop, gain confidence and competence:

*to see them growing and even applying for promotions and then they move on it's pleasurable yes*

Nurse 4 was aware of the way that her interaction with junior staff was a benefit to service users:

*You know at the end of the day that you're contributing to them being able to help the patients to the best of their ability*

Student 7 described the emotional support that she had derived from group and network participation:

*I get text messages from people saying are you coming into uni and are you going to come up and meet us we're all in IT now at this time and then afterwards we'll all go for a drink but it's the motivation to get up and come and do the studying that I think has really helped me academically and I am getting better marks now than I did back then*

#### **5.10: Value creation stories**

As well as the individual indicators of value discussed above, the study also sought to collect narratives from participants. These stories provide examples to link the different areas discussed above and they also show how the different indicators fit together to produce value for participants. For example, student one gave an account of a discussion she had with a fellow student in which they were trying to work out how to complete an academic task. In this account, the student described a useful conversation, which influenced her ideas.

Participation with care discussion activity	How is group participation changing what you do as a student?	How participation is affecting your social relations?	How participation has allowed the person to influence others	Value creation narrative
<b>Reasons of participation</b> Helps me to be sure that I have understood assignment properly Helps me to understand ideas Helps me to work out what to do in placement Helps me to work out who is useful to my studies or not Showing interest is important in placement Useful to hear a different perspective Useful to work out if information is important or useful Emotional support Have to be careful who I ask power relations	Useful conversations Contacted other professionals Email correspondence Mahara or social media contact Speak to students ahead or behind me on the course	Range of contacts broadens People like being consulted or asked to advise I am more confident with other people I am able to help others myself Helps me to meet new people Blend of social and formal contacts develop	We have to be careful about the relationship between ourselves and the placement staff I was able to advise other students Support is mutual Sometimes we are critical of what goes on in placement	OK the dissertation – we were actually speaking about the dissertation and I was bouncing some ideas off him and naturally it got onto his dissertation and his question that he had come up with was very poor – it was something like interventions for self-harm or something & I was trying to give him some advice saying you probably want to be a bit more specific because if you are looking at every single intervention you are really going to struggle to narrow it down to one intervention so you might want to narrow it down to one or at least two interventions – but even that might be tricky in the word count and because he couldn't grasp it and he was saying no my question is fine but because of that I thought I'm not going to talk to you about my dissertation anymore because there is absolutely no point me talking to you about mine when you are struggling with yours so much, that might seem a bit harsh but there is no point in my getting advice from someone who can't help me <i>Describe a specific resource this activity produced e.g. a new idea, a contact, a note etc. &amp; why student thought it would be useful</i> I went & spoke to someone else who I know has done well on the course and are well on their way to a first averaging 90% and I know that this person has a masters in a previous course so their research techniques are probably better than average Outcome: Personal. Ask how it affected success e.g. doing something better/ more satisfying etc. I got the answers I needed
<b>Activities, outputs, events</b>	Useful conversations Contacted other professionals Email correspondence Mahara or social media contact Speak to students ahead or behind me on the course	Developed links – online and personal Developed links with more senior students 'Putting the world to rights' : Thinking about how to change things	I have brought new ideas into placement We influence each other's learning by sharing ideas Find that theory and practice is different Questioning established practice is difficult	
<b>Value to the participant</b>	Reassurance corrects or confirms my understanding Helps to locate my academic work in practice Increased my confidence in placement	Get a feel for who is knowledgeable and trustworthy Helps me to develop new contacts Helps me to develop my own ideas It is personally satisfying gratifying Able to copy others good practice	Gain emotional support Helped me to understand things better I compare notes with others who have had similar problems Support allowed me to achieve success	

Table 16: Student 1 value creation narrative mapped onto value creation analysis summary

There were several practical outcomes from this conversation. Firstly, this student found that the interaction helped her to work out whom to trust. She also went to speak someone more reliable and concluded that the support assisted her to get correct information and to complete the task successfully. The value of this brief story is that it illustrates aspects of the interaction that would not be apparent from a single indicator.

In discussing, the use of such narratives Wenger *et al.* (2011) suggests attempting to leverage the evidence from the stories and the indicators in order to produce a more robust account of value creation from interactions. Whilst there is not space within the body of this thesis to describe all of the stories, these are collected in appendix 9. This section of the chapter summarises the main learning points from a consideration of these accounts.

#### **5.11: Value of informal conversations**

The first general point from these accounts is that informal conversations often lead to significant learning. This is apparent in accounts given by student 1, 2, 5 and 7 as well as nurse 2 and 4. The accounts also show that a wide range of different learning outcomes result from these relatively informal contacts. For example, student 1 completed an assignment correctly whilst their second account showed learning in practice. Student 5 had a chance encounter with a more senior student who shared her experience of the importance of showing a willing attitude in placement.

#### **5.12: Value to individual of extended network**

Several of the participants describe how they use informal contacts built up over time. For students who are new to the practice of mental health care some of the accounts imply that an important part of the learning process is the process of developing and culturing useful contacts. Whilst interactions often have immediate value to the individual (i.e. helping them to access a particular piece of information or helping to solve a problem), they are also

valuable in terms of the potential future value of the relationship formed. Interactions described by all of the students clearly had immediate value to them. However, perhaps the interaction is a deeper one in terms of the relationship it may foster. For example, nurse 2 and nurse 5 describe being able to rely on a range of contacts which they rely upon to help manage the complex issues they are faced with.

### **5.13: Complex outcomes from apparently trivial encounters**

Another point to note from these accounts is that apparently trivial encounters are potentially multi-faceted in terms of a range of different outcomes. For example, the account of student 1 account shows that this encounter influenced her ideas about the capabilities of other student as well as developing useful information about the assignment. Student 7 described a significant interaction in terms of correcting her understanding about critical writing. However, it also strengthened her relationship with the other student and served to signpost useful reading and support. Nurse 4 described a conversation in which she learned to understand how junior staff saw a situation and used her experience to advise them how to handle a difficult situation in practice. This led to wider discussion about how best to handle boundary issues in clinical practice as well as providing an opportunity to delineate ideas about correct procedures more generally.

### **5.14: Complexity of social contacts: ripple effect**

Wenger *et al.* (2011) discuss how individual indicators may usefully suggest other ‘imagined’ value creation stories. For example, nurse 2 spoke about how a call from a primary care service for advice led to her contacting others in her network for information. Presumably, it would be possible to go back to the original referrer from the primary care setting to discover why they contacted this particular nurse and where the original impetus for the question came



from. The point to consider here is that evidence presented represents only a limited cross section of a complex eco-system of social networks and contacts.

Summary of responses to Wenger value creation framework and narratives		
<i>How does participation affect you personally?</i>	<i>Individual relationship with colleagues</i>	<i>Relationship with organisation or profession and ability to influence others</i>
<i>Reasons for participating. Why did you decide to participate? What were you hoping to achieve? What were your motivations and expectations?</i>		
<p>Similarities:</p> <ul style="list-style-type: none"> <li>• Use contacts to access useful information.</li> <li>• Helps to develop thinking about specific clinical problems</li> <li>• Stress reduction i.e. clinical practice and academic work</li> <li>• Helps to align to rules/ protocols/ norms</li> </ul> <p>Differences:</p> <ul style="list-style-type: none"> <li>• Students also use to understand theoretical ideas</li> <li>• Students mention importance of cohort group</li> <li>• Student's strategic approach – do I <u>need</u> to study this?</li> </ul>	<p>Similarities:</p> <ul style="list-style-type: none"> <li>• Number of contacts broadens over time</li> <li>• Importance of informal contact</li> </ul> <p>Differences:</p> <ul style="list-style-type: none"> <li>• Students describe their ability to develop contacts/ networking develops</li> <li>• Nurses emphasise use of contacts as a professional resource – ability to consult when needed.</li> </ul>	<p>Similarities:</p> <ul style="list-style-type: none"> <li>• Shared concern about ability to influence practice</li> </ul> <p>Differences</p> <ul style="list-style-type: none"> <li>• Nurses adopt coaching approach to influence other people</li> <li>• Nurses develop own practice by helping others</li> <li>• Nurses worry about credibility in relation to others/ rules</li> <li>• Students avoid conflict and awareness of power imbalances</li> <li>• Students are critical about practice and share this with peers</li> </ul>
<i>What happened in the community/network? What were significant activities events, moments of participation, and experiences?</i>		
<p>Similarities:</p> <ul style="list-style-type: none"> <li>• Conversation important – often informal</li> </ul>	<p>Similarities:</p> <ul style="list-style-type: none"> <li>• Links to others expand</li> </ul> <p>Differences</p>	<p>Similarities:</p> <p>Differences</p>

<ul style="list-style-type: none"> <li>Both use email</li> </ul> <p>Differences</p> <ul style="list-style-type: none"> <li>Qualified staff avoid social media – students also use Facebook/ Online forums etc.</li> </ul>	<ul style="list-style-type: none"> <li>Students use of social media</li> <li>Nurses link to specific specialist areas</li> <li>Nurses use comparison between self and others to develop practice</li> <li>Students speculate about how they might change things ‘putting the world to rights’</li> </ul>	<ul style="list-style-type: none"> <li>Students describe conflict situations with clinical staff and strategies to cope with this.</li> <li>Students awareness of theory/ practice divide</li> <li>Students limited ability to change practice</li> <li>Nurses growing ability to work independently &amp; positive effect on career</li> </ul>
<p><i>What did you gain from participating? How did this make a difference to you? How did it affect your context?</i></p>		
<p>Similarities:</p> <ul style="list-style-type: none"> <li>Need to check that thinking/actions conform to requirements</li> <li>Value ability to correct ‘faulty’ actions/ ideas</li> <li>Thinking expanded/improved by other perspectives</li> </ul> <p>Differences</p> <ul style="list-style-type: none"> <li>Students use practice to critique/understand academic work and vice versa.</li> </ul>	<p>Similarities:</p> <ul style="list-style-type: none"> <li>Evaluate/ Judge quality of information from others</li> <li>Growth in confidence &amp; ability to cope with situations</li> </ul> <p>Differences</p> <ul style="list-style-type: none"> <li>Nurses personal satisfaction in helping/ being consulted by others</li> </ul>	<p>Similarities:</p> <ul style="list-style-type: none"> <li>Emotional component to interaction</li> </ul> <p>Differences</p> <ul style="list-style-type: none"> <li>Nurses value ability to influence others – personal satisfaction</li> <li>Students value of emotional support and comparison of problems</li> <li>Students growing understanding</li> </ul>
<p>Summary of value creation narratives</p> <ul style="list-style-type: none"> <li>Value of informal conversation</li> <li>Value of extended networks</li> <li>Complex outcomes from apparently trivial encounters</li> <li>Complexity of social contacts: ripple effect.</li> </ul>		

**Table 17: Summary of responses to Wenger value creation framework and narratives**

### **5.15: Discussion**

The final part of this chapter provides an overall summary of important points developed from the value creation analysis. From this analysis, it is possible to conclude that the immediate value of community and network participation was that participants use information received to help them solve immediate problems. For the nurse participants this helps them to manage clinical situations whilst students benefit from guidance in clinical practice but they also receive information about academic studies. However, some of the evidence suggests that information flow may do more than just meet immediate needs. Participants gave accounts suggesting that this information flow helps them to develop their ideas.

There was also evidence that emotional support and stress relief is an important factor for both sets of participants. Students particularly described relying on their peers in the university cohort group for emotional support. Related to the idea of this support is the reassurance that individuals are working or thinking along the same lines as others. There was a suggestion that people use their participation to check that their practice aligns with that of others or with what is acceptable to the organisation. Some of the student accounts suggest an attempt to avoid doing anything that is not strictly required by the assignment brief.

Whilst all of the participants are involved in a range of formal and informal contacts, there was evidence for the value of informal conversation. It is possible to speculate that forums such as lectures or formal meetings in practice have agendas dominated by organisational requirements. By contrast, informal meetings are not restricted to particular subjects and allow more latitude to cover areas of individual interest. Students describe using various types of social media whereas this was absent amongst the qualified staff.

Individual gains from participation suggest that both groups check the validity of ideas and to an extent want to know that their thinking conforms to group expectations. There was also a

sense in which individual thinking expands by contact with other perspectives. The main difference between groups was that the students also use these contacts to check and develop understanding of theoretical ideas.

Over time, both groups found that the number of contacts developed. To some extent, this involved professional contacts but for both groups there was an emphasis on the value of informal social contact. Some of the students talked about how their ability to form contacts developed during their training. This appeared to relate to a growth in confidence and there was a suggestion that as they gained knowledge and credibility they could speak a similar language and had learned to frame things in the same way as the more experienced nurses. For the qualified staff there was an emphasis on the development of contacts over time. These historically developed contacts are important to nurses as a means of accessing help when required. There was a sense in which the status of experienced nurses is partly due to their individual knowledge and experience but also partly due to the bank of contacts developed over time.

All of the participants evaluate other people. This involves making a judgment about perceived value of the contribution made by another person in class or in discussion. Some of the qualified staff talked about evaluating the other persons practice. The main difference between the groups was that the nurses talked about personal satisfaction in helping and coaching other people.

The final part of the analysis looked at how people related specifically to the profession. For the students this involved talking about their growing understanding of how mental health nurses practice. Qualified staff talked about participation and clinical practice.

The main differences between the groups were that nurses describe coaching and influencing others. There was a suggestion that this also helped the nurses to develop their own practice.

Nurses were concerned to maintain clinical credibility amongst their peers. Students expressed concern about avoiding conflict – despite sometimes being critical of things they saw in practice. Part of the concern for students was that they were aware of a divide between beliefs expressed in university and those that they saw in practice. Students straddle the divide between clinical practice and academia and sometimes this is a source of stress, particularly because they have a limited ability to influence practice.

Both groups identify elements of interactions that are emotional in nature. As stated above, the nurses were more likely to express satisfaction at being able to influence others. For students, social interaction is a source of valuable support and serves to help them manage stress

As discussed above, a value creation story shows a specific example of how the factors identified in the analysis apply to an individual account. Without the value creation story the features identified are abstracted and difficult to relate to individual experience. Therefore, the aim of these stories is to show how individual accounts refer to elements identified at each cycle of the value creation analysis and to help make the evidence presented more robust. Appendix 9 details the participant stories mapped against the value creation analysis, (note that not all of the participants gave a specific example of a value creation narrative). The first student gave an account of trying to work out how to do an academic assignment. She describes talking about her own assignment with another student and realising in the course of the conversation that the other student was struggling. This realisation made her go to someone else and resulted in her getting the help that she needed. This story shows the value of informal conversation in shaping peoples thinking. It also shows that helping others has an effect upon the individual as well. Points discussed above about evaluating other people are clearly apparent here.

### 5.16: Summary

This chapter has presented data developed by an analysis using the value creation framework (Wenger *et al.* 2011). Upon reflection of the evidence and the discussion in the above section, it is clear that this part of the study informs possible answers to the original research questions.

- How does social participation support development of learning for student mental health nurses?
- How does social participation support the practice of qualified mental health nurses?
- What are the implications of this study for pedagogical design?

The evidence in this chapter supports the idea that for both sets of participants, social participation is an intrinsic part of learning. For both the qualified nurses and the students it seems that at a basic level they get support from social contacts who signpost what they need to understand and they gain practical help about where to find information. Both groups benefit from the ability to compare and contrast understanding with others as well as being able to gain a different perspective on issues of concern. Both groups also appear to benefit from emotional support, as there is frequent reference in the transcripts to reassurance that participants are practising or thinking in a way that fits with group expectations. Social participation for both groups appears to involve a process whereby contacts increase over time and in participation with networks encountered.

Implications for pedagogical design appear to be that the emphasis on social contact in supporting learning as well as allowing people to reflect upon ideas is an aspect that requires consideration in pedagogical design. These findings lend weight in the context of nurse training and practice to ideas discussed in Chapter 2 such as critiques of traditional

pedagogical approaches that emphasise individual learning (Wenger, 1999; Engestrom and Cole,1993; Eaves,2011; Hutchins,1995).

The next part of this thesis covers the IPA part of the study.

## **CHAPTER 6: INTERPRETIVE PHENOMENOLOGICAL ANALYSIS**

This chapter presents the analysis of the IPA part of the study. The emphasis is on an attempt to understand the meaning of the participants whilst also seeking to put an interpretation onto those meanings (as discussed in the methodology chapter). The first part of the chapter introduces the main themes. In order to show the evidence for these themes, each point contains a selection from the participant transcripts. The chapter concludes by summing up the main points arising from this analysis.

Transcripts of participant interviews have been analysed using a process of IPA as described in Chapter 4. The following section presents examples of data drawn from participant interviews presented alongside an attempt at interpretation of this material. Reference to Smith *et al.* (2009) influenced the presentation of this part of the thesis. As discussed in the methodology section, the process of IPA involves a ‘double hermeneutic’ in which the researcher is attempting to interpret the sense made by individual participants. However, the eventual reader of the research also has to make an attempt at understanding. This requires the results section of an IPA analysis to give as substantial a quantity of information as possible. This allows the reader to gain an understanding of the participant responses as well as a feel for the interpretation placed on it by the researcher. Generally, the thematic analysis of interview data found many areas of consensus between the student nurse participants and their qualified counterparts. For this reason, themes developed reflect the overall responses. However, despite this overall similarity, there are subtle but revealing differences in emphasis between the responses of two groups (see page 81 for discussion of participant characteristics). Therefore, in order to facilitate comparison, each section of this chapter presents the findings separately before going on to discuss interpretation of the differences between the responses of the two different groups.



### **6.1: There is a mixture of formal and informal contacts**

Many of the participants described how they accessed people and learning through a range of formal and informal contacts. People valued these relationships and recognised how important such contact is to learning. Students frequently described relationships with peers where they combined informal social interactions with learning. The extract below illustrates that for the students, informal social contact was part of the learning transaction:

*it's not just about asking for help and talking about ideas around the concept it also obviously leads into social time because you are doing it over coffee or maybe a beer or lunch or something and you don't focus all your time talking about this learning outcome or this specific thing, you start talking about how's the course in general?, how's your life?, your family? (student 1)*

Clearly, if the students involved were uncomfortable with each other the interaction would lose much of its utility or perhaps not take place at all. Whilst many of the interactions were with immediate peers, sometimes student 1 also consults students that are more senior:

*Occasionally I'll speak to someone in the course who is 6 months ahead of me because I've had friends who are 6 months ahead but that's quite rare to be honest that's if I am really stuck on something*

Student 2 also refers to how useful it can be to talk to students that are more senior:

*Apart from that, as well the third year students ahead of us sometimes you do ask how things are and some things you just can't understand they might relate it in a different way and they might say oh this is how it is because you can't just understand everything in class*

These accounts indicate that junior students were able to defer to the experience of more senior students. This suggests that the hierarchy within wider student cohorts may be more relaxed which allows students access to learning opportunities. As will be seen in the next theme, this is a point of contrast between students and the qualified nurses. For these

participants, considerations around organisational hierarchy are often significant mediators of relationships.

As well as formalised relationships with managers and other authority figures, the qualified nurses were similar to the students in that they described informal and semi-social discussions with people who helped them in various ways:

*I meet up with people regularly who I trained with who have moved on to other aspects of their career as well so we share our working practices (nurse 5)*

Similarly, nurse 1 described how a range of contacts helped her to maintain knowledge of professional developments:

*From a professional point of view, NMC information and other colleagues say 'have you read this?' do you know what's going on there have you heard about this? - so both formally and informally*

However, several of the nurses admitted caution about the quality of assistance from different people. For example, whilst nurse 2 relies upon advice from a colleague she also talks about weighing people up depending on how she felt about the other person:

*I guess it's something related to integrity and your personal views about equality and role*

Nurse 3 also sounds a note of caution about the importance of weighing the value of advice:

*I suppose I have a couple of colleagues that don't work here anymore but I have worked with in the past and I trust their judgment and so I'll sometimes ring and speak to them if I need to and they would do the same.*

As seen in the student responses, these nurses find information in a blend of formal and informal encounters. Notable to these statements is the idea that interpersonal feelings are significant mediators. In common with the students, presumably these interactions would not take place without an element of informal, friendly relationships.

In summary, overall responses to this theme show that at a basic level both the students and the qualified nurses rely on others for information. Both groups use a mixture of formal and

informal contacts. A possibly revealing difference between the groups is that nurses may be more aware of the need to be conscious of differences in hierarchy. Note that the student participants came from across the three years of the course. It may be significant that consideration of hierarchy in terms of seniority featured less prominently in the accounts of interaction between students. This may suggest that informal relationships between students allows for some flexibility in expressing ideas. This aspect of student social relationships may engender learning that is more effective. However, relationships and interactions between the students and the qualified staff are very different. This discussion continues into the next theme presenting data about the relationships between individuals and the CoP.

## **6.2: Individual relationships with COP are important**

Once again, data analysis found that this theme emerged strongly from both sets of participants. However, whilst both groups identify strongly with this theme, there were differences in emphasis.

Many of the nurses were concerned to maintain credibility in the eyes of peers. In the theme discussed above, it was clear that people measure the relative worth of contributions made by other people. This part of the data seems to indicate that people know that they too are under scrutiny. Nurses are conscious that others evaluate them in the same way they themselves weigh other people. Nurse 2's statement appears to point to this:

*when they are talking to you about whatever they wanted to talk about that you appear to have a knowledge that relates to them and it is relevant to them and that you understand what they are asking for and that you do have some answers that seem to be sensible*

This extract suggests awareness of the need to appear competent in the eyes of the person who was consulting nurse 2. Had this person judged her to be lacking in knowledge then this might involve an embarrassing loss of face. This point is also apparent in nurse 4's transcript:

*if I'm not party to all the skills I need and the knowledge then I'm not going to be able to do that properly and I'll be calling on people maybe that I don't need to*  
Presumably, nurse 4 is worried that others might judge her call for assistance to be unwarranted. If others decided that she *should* have known what to do then this might reflect badly on her ability and perhaps on future relationships with colleagues.

Related to this point is the apparent need for nurses to check that they act in a manner that meets the approval of their peers. This may be what nurse 5 describes here:

*what I'm thinking might be right but it also might be wrong, or there might be someone's already tried it before and it hasn't gone well that way and so sharing it gives me a clearer aspect on what I'm required to do*

However, examination of the transcripts suggests that interaction with a community can do more than just promote conformity. Many of the nurses describe how different perspectives provide a useful frame of reference, which may prompt new learning. Nurse 5 talked about the effect that the community has upon the way they see problems:

*we probably share those things that they (i.e. senior managers) are trying to implement certain changes where they work and we maybe work on looking at that and we probably do share ideas around what worked and what hasn't worked to enable, just to share it really*

A possible interpretation of these examples is that whilst some of the nurses are wary of being at odds with the community they were simultaneously conscious of the potential for generating new solutions and ideas. It is also important to note that the nurses try to conform with demands of senior managers whilst also deciding how to adapt this to fit their own circumstances.

Central to the role of a qualified nurse is the professional requirement to be accountable for the actions of their clinical area and the individuals within it. Nurse 5 describes how she takes a coaching and supportive role to guide the actions of junior staff:

*some people don't know how key worker sessions go or what kind of formats people work with and we can guide them and I have sat in key worker sessions with people to support them and direct them where possible and actively take part and they kind of*

*take an advantage from that I think it's also from my experience people have learned from me*

It is also possible to lead by setting an example, as described by nurse 4:

*in terms of leadership, motivating, trying to practice in the best possible way that I can so that the other Nurses that we supervise and for our new nurses and students can see that we practice what we preach.*

As discussed above, the study data shows that people evaluate others whilst being aware that others evaluate them. This part of the transcript extends this idea to suggest that the nurses also evaluate and try to influence the collective actions of groups of people.

The response from nurse 3 appears to be suggesting a further influence.

*I suppose sometimes I would use my own line manager just to run things by him and discuss things make sure I am on the same track as him. Discuss things with peers if necessary sometimes if something crops up in terms of managing staff that we haven't dealt with before we'll seek each other out and say have you ever come across this before or what do you think of this just so you can sound it out with somebody else.*

The meaning of this response may be that relative position within the organisational hierarchy is important. A possible interpretation is that nurse 3 uses the manager to check that she is following an officially approved course of action. However, amongst peers she may have more exploratory and discursive interactions. This may be what nurse 2 means by saying:

*the informal links in actual fact those kind of networks and support mechanisms and learning mechanisms are probably stronger in a lot of respects than the formal ones.*

These statements suggest that the nurses may be describing some reluctance to admit uncertainty in front of people who are higher in the hierarchy. This causes them to limit the extent of the conversation. By contrast, amongst trusted peers they are freer to engage in wider ranging and exploratory interactions.

As mentioned above, the student participants also identify with this theme. However, in each case their perceptions suggest a slightly different emphasis. In common with the nurses, the students also worry about maintaining credibility. However, there appear to be important differences. In this extract, student 1 described an early interaction with a service user:

*I was clearly kind of stuck for words & we kind of fudged through a one to one session about how he was feeling and the conversation wouldn't flow at all and it was all me humming and erring a lot and stopping*

The student was aware that their performance was not up to the standard of more experienced colleagues. However, she goes on to say that:

*in the end I said, you probably worked this out, but this is my first placement and I'm a student and I haven't done this before, and he was like, yeah I can tell*

A possible interpretation is that novice status allowed the student licence to practice in a less polished manner. Perhaps this is not a luxury afforded to qualified nurses, expected to perform in a manner judged by the community as being competent.

In common with the nurses, students also use community interaction to seek reassurance about their thoughts and actions. Whilst there were some differences in emphasis, these were perhaps not as pronounced as in some of the other themes. Firstly, it is clear that in many ways, student accounts were similar to the nurses. For example, student 2 expressed a desire to see if:

*I am coming to the right conclusions in terms of practice, I like to know why I am doing something, I like to know the reasons behind it*

However, differences appear when students talk about the kind of ideas they are trying to understand. Whilst the nurse accounts were exclusively concerned with maintaining approved clinical practice, the students described a range of different concerns. Students are required to engage with academic ideas and perhaps unsurprisingly this features prominently in their accounts when compared to the nurses. For example, when confused by an idea heard in a lecture, student 1 approached peers and said:

*I might ask them to explain it to me in a different way because I might understand it in that way or sometimes on purpose I'll explain it to them first and then they will tell me if they think I have picked it up or not so I find that easier at times*

There is an interesting contrast between this statement and that of nurse 4 who was reluctant to admit uncertainty. This suggests that within peer groups the students are more comfortable in confessing a lack of knowledge.

Another area of similarity between the student and nurse accounts was where students talked about encountering alternative perspectives from other people. Student accounts contained many references to their using different ideas to develop their own thinking. A typical example is in this account from student 3 who was talking about her attempts to learn how to write a care plan:

*the more I am actively thinking about it and asking different people for advice and weighing up those different sources of advice is if this person a good source of information does this seem credible, does this fit with what others are telling me, I guess the closer I am coming to resolving what others expect*

As above, we see the learner using feelings to evaluate information. However, in this abstract the student describes a process of comparing and contrasting a range of ideas to arrive at an acceptable conclusion. Again, the contrast between this students relative freedom to explore ideas makes an interesting contrast between the reserve shown by some of the qualified nurses cited above. This element of the analysis points to the effect that hierarchy and power relationships may have upon learning outcomes.

### **6.3: Networks and contacts develop over time**

As with other themes, this emerged strongly from the accounts of both groups of participants. However, in this case the most interesting thing about the comparison between the groups lies in the similarity between accounts. This theme describes a process of transition from novice to expert. Initially, students begin nurse training with limited understanding and little if any professional contacts. During their training, they gain professional knowledge whilst simultaneously developing a network of contacts. This has interesting implications for pedagogical ideas discussed in this thesis.

Many of the student accounts describe a process whereby their initially limited contacts develop over time into wider networks. Firstly, as seen in this account from student 1, the above-mentioned element of measuring the value of contacts is part of this process:

*there is an element of picking and choosing who you talk to about certain things and that probably grows and that concept probably gets bigger the further into the course you get because you learn who's strong at some subjects and who is strong at other subjects*

This student describes how contacts grow over time and there are several other examples whereby the students describe a similar process. Another example is in these accounts from student 2 and student 3:

*I have met new people and frankly wherever I go and do my shifts and I try and link up with the people there and see how they can progress and you see it helps me*  
(student 2)

*I think people tend to suggest other sources of support and it does kind of spiral from there* (student 3)

Both of these students describe how the range of contacts grows over time. However, other accounts suggest that to view this process simply in terms of numbers of contacts may be superficial and missing an important point. For example, the account given by student 5 shows how she learned to approach people more successfully:

*I guess my learning experience is a lot better because I will, it wouldn't take me as long to build up to that point again which probably took me 2 or 3 weeks now I'd build that up in a couple of days so I'd end up learning a lot more on the placement in specific areas than I would actually if I wasn't able to*

This account suggests that as the student becomes more skilled at approaching people it has a positive effect upon their learning. One aspect of this skill is that expressed by student 3. In this excerpt, she described how she consulted people for advice about how to write an essay on a particular clinical subject:

*I guess cos I am coming from a position where I have a baseline level of knowledge about the mental health system and the area I am writing about so I can throw in information that means that I have a bit of credibility and they know that I know something about this topic*



This is significant because as a third year student her interactions have helped her to develop credibility. Professionals recognise that she is not a complete novice and interact with her in a way that facilitates her learning. This is potentially significant from a pedagogical point of view. Learning to be a nurse involves understanding a body of knowledge prescribed by the profession. However, these extracts also highlight the role of interpersonal social skills in the development of learning. This view of nurse training emphasises the need to develop the ability to develop and maintain relationships with professional colleagues. However, as discussed at the opening to this thesis, much of the learning design within HE settings focuses upon individualised models of learning.

Reference to the accounts of the nurses shows that the process of developing and broadening contacts continues into professional practice. As stated at the opening to this section, the story within this theme is one of continuity and is less about contrast. In common with the students, many of the nurses talked about how their contacts developed over time. Nurse 4 referred to being in touch with people met during their initial training.

*And then in terms of wider some formal some informal I'm in touch with people I trained with so we meet on a social basis, wouldn't necessarily talk about trust policies and things but that would be around – you do inevitably if you work in this kind of sphere you talk about the things that arise within the workplace (nurse 4)*

Nurse 4 describes a process of continuity in development of relationships over time. This is also apparent in the account from nurse 2 who also relied on contacts developed over a long period:

*I think that you have this sort of network of colleagues that you tend to pick up over the years of working that are relatively informal so some of the probably best and most useful work that you do is by picking mates brains that you have picked up over the years and you know that they have got an expertise (nurse 2)*

All of the nurses in this study make similar reference to the utility of contacts. These help to guide practice in three ways. Firstly, they act as a means of checking that practice is in

conformity with others. Secondly, they provide a reference when encountering unfamiliar problems. Finally, these contacts may help people to develop new ideas about practice. In common with the students, there is a clear set of professional knowledge required of the individual. However, this theme adds to the idea that skilled nursing practice is also partly dependent on the social and relational attributes of the nurse. When we observe skilled nursing practice, it is relatively easy to notice the display of individual skill. Arguably, however it is less easy to observe the network of socially mediated interactions developed over time by the expert practitioner.

#### **6.4: 'Menu' approach to consulting others**

This theme relates closely to the discussions above. Firstly, the findings that people rely on a mixture of formal and informal contacts as well as the idea that these contacts develop over time. However, participants do not randomly select sources of information. People have a range of strategies for evaluating the worth of information they receive from their interactions and this theme develops this discussion by examining what strategies people use to develop resources. An important aspect of this theme was the evidence for an emotional element to relationships formed. All of the participants in some way talked about their 'feelings' about other people and this emotional response appeared to be an important mediator of the relationship. This is another theme where similarity between participants was more apparent than differences. Again, the narrative appears to be one of continuity of experience from students to qualified nurse.

Students mentioned an emotional element to their evaluation of other people's responses.

These also appear to be significant to their learning. For example:

*I don't want to say gut feeling but it is a little gut feeling – past experiences I reckon so I remember way back in the first year I was writing an essay and I went to an essay tutorial and I thought the advice I was given was rubbish and didn't really fit with the*

*brief so I ended up going to my tutor and saying like I've had this advice and I don't think it's any good (student 3)*

This student, at an early stage of her academic career was unable to clearly articulate ideas about why the advice was poor. However, she took action based upon her 'gut feeling' and presumably continued trying to remedy the problem until feeling more comfortable. This illustrates a process whereby her feeling of unease about the academic task prompted an attempt to solve the problem. A personal tutor develops a more pastoral relationship with students and it is possible that the student felt more comfortable with this person.

As well as judging academic staff, the students appear to attempt an evaluation of the academic quality of peers:

*I went & spoke to someone else who I know has done well on the course and are well on their way to a first - averaging 90% and I know that this person has a master's in a previous course so their research techniques are probably better than average (student 1)*

Student 4 also describes evaluating the academic competency of peers and aligning with people who have a similar outlook or value set:

*I would speak to everyone, but what I found was I would speak to people who I identified as being the same ability, if you would answer the questions the same way so there was a group of us who were doing the same academically really*

Aligning oneself with people of a similar ability implies that this student uses comparison with others to measure their own ability. It also suggests that students may gravitate towards groups of people of similar ability. This hints at the possibility that student cohort groups may self-organise into sub-groups based partly upon academic ability. However, as well as ability, perceptions about attitude towards learning appear to be important. In this extract, student 5 is clearly describing groups within her cohort:

*You can tell because you have the a grade students and my little clique behind them who aren't too serious and you've got the ones that don't really care about the course*

Within this statement, the student comments on academic ability but there is also disapproval of some of the behaviour observed. Student 4 also sounds a note of caution in that she seems wary of trusting too wide a range of contacts:

*I meet with people out of university all the time but with some people you know that, I mean there is only about 3 or 4 you'd really talk to but there is a wider circle of about 10 but with most of the people I'd know not to get drunk in front of them or something like that because of is kind of a bit more professional*

Note that this student was in the first year of her course at the time of this statement. Although at an early stage of her training, she is reserved about relationships and the need for professional behaviour described by nurses.

Nurse accounts covered a similar range of concerns. Many participants described a process of selecting people or particular groups to consult depending upon the problem that they wanted to tackle. Nurse one summed up this element of the data:

*I suppose it's horses for courses, thinking of what I have a need for and approaching individuals who I think will meet that need really....*

There was a sense in which the nurses were cautious about what they discussed with managers. Respondents consult or inform managers about events whilst less formal contacts help to develop ideas or check that ideas are appropriate:

*I suppose sometimes I would use my own line manager just to run things by him and discuss things to make sure I am on the same track as him (nurse 3)*

This reference to hierarchy was relatively absent from student accounts. However, in common with the students, the nurses also described a filtering process:

*Sometimes you have to be really careful about who you ask, sometimes I would avoid asking certain people if they were the only people available because I am not sure I'd be confident in their response, so I think I'd rather seek further advice anyway and not confuse things (nurse 3)*

A careful reading of the transcripts revealed that people routinely weigh each other up and that this evaluation leads to a judgment about the quality of advice that a person or group

might provide

*There are people who maybe I wouldn't for whatever reasons jump up and ask for their advice – maybe it's my own prejudices but if I don't value their advice I will just avoid them really (nurse 7)*

Again, in a way that was reminiscent of the student accounts, some of the nurses evaluate the quality of information received by whether the person or group had a similar outlook or set of values to themselves:

*there might be people who have had twenty five years of similar experience to yourself and you wouldn't have any confidence whatsoever in their practice (nurse 2)*

The note of disapproval implicit in the above statement is very reminiscent of the statement made by student 4 who was cautious about her actions in front of her peer group.

In summary, the evidence from this theme underpins the previous ideas about individual relationships with communities and the range of contacts developing over time. The suggestion here is that students evaluate others and align with peers of similar academic ability. In the same way, nurses seem to gravitate towards colleagues who they perceive to have similar values. Both groups make a judgment about the attitude of other people, being more likely to align with people they consider to have a similar outlook.

### **6.5: Circulation of knowledge**

The idea that individual thinking and problem solving develops collaboratively, emerged clearly from participant descriptions. There was evidence to support the idea that knowledge flows amongst and between individuals. Whilst this flow influences individual and collective thinking it is important to recognise that ideas also develop by this process. The sharing of ideas changes the way that people think. Simultaneously, this process of collective thinking causes changing, adapting and development of shared ideas. People appear to use a mixture of formal and informal contacts, close colleagues as well as more distant connections to consult

about problems and to apply solutions. In this process, people discuss knowledge, experiences, and solutions, bending and shaping ideas to fit local circumstances.

nurse 5 partially summed this theme up, she described an awareness of ideas circulating between others:

*if I can pass on some of my experience to others, I learn off them as well so it kind of is like a chain.*

There was also a suggestion that consulting others often involves a more complex process than is suggested by the idea that one person simply gets advice from another. Nurse 1 was quite conscious of this process and described actively using this to develop ideas:

*..there is always this open mind position taking on someone's ideas and you are using the individuals own knowledge putting things back to them...  
..In a sense, I suppose you'd call it a co-constructed situation I couple my information with theirs and sort of grow it in the room in a quite organic sort of way really.*

This suggests a dialectic interaction. The process of talking to another person allows transmission of information whilst at the same time shaping the ideas of the person initiating the interaction. Sometimes this process is formalised. For example, nurse 2 works in a team caring for survivors of sexual abuse:

*we would be in this multi-agency forum discussing cases related to high risk domestic abuse so you'd have individuals from all aspects Police, acute, health, mental health substance misuse, housing for instance and each of those individuals would bring to the party in that particular case their knowledge or understanding about an individual.*

However, a more common suggestion was that people talk informally in order to develop their thinking around a particular problem:

*I suppose it's care aspects as well - especially if you are working with somebody, a service user who is quite difficult and challenging, it's also sharing some of their thoughts (her colleagues) about aspects of care and suggestions about how they would work with that particular situation and that sort of thing. (nurse 5)*

Other participants talked about the way in which ideas seem to develop collectively:

*if it's going to be delivered by nurses then we try to come up with something with them and then we share it with all the staff - and I tend to learn from them then so they say this is how things tend to happen on a day to day basis and things tend to evolve – we do a lot of evolution. (nurse 6)*

It is interesting to note that nurse 6 uses the term 'evolution' here. Implicit to this statement is the idea that people are conscious that information flow is not a passive process. This participant describes a dynamic view of knowledge as something that flows whilst being collectively shaped.

Nurses also talked about developing new ideas because of teaching others about aspects of the job. Again, there is the implication that people are aware that interaction with others causes individual development of ideas:

*I do a little bit of motivational / systemic training, for the most part with people I have never met before and they are always bringing new things to the table (nurse 1)*  
*Learning from students that we mentor as well, some students come in and I'll talk about drugs that they have used that we've not used and which sets you off again on a different path (nurse 4)*

Similarly, nurse 5 described how helping others led to personal learning:

*I try and provide them with the information they are after but if I haven't got it I will put them in touch with the people who would be able to or the fact is I could possibly go away and find out so it's a learning curve for me as well.*

The suggestion that ideas circulate between people was also apparent from transcripts of the students talking about learning. Whereas the qualified nurses were seeking to understand how to work effectively or to teach others, the students mostly described a process of mutual learning support:

*you do tend to pass on your experience (to other students) and they appreciate that and some of them get in touch and say thank you very much and it helped so the knowledge I got from others I also pass it on myself.*

However, some of the comments provide a possible caveat to the suggestion that knowledge flows freely. The following example describes a student's attempt to question the injection site favoured by the nursing team:

*every time they say we've never done it there and we are probably not going to*  
(student 1)

The evidence presented in the preceding themes focused upon the way in which perceptions of other people and issues around hierarchy are important mediators. Therefore, whilst the evidence for knowledge flow within this section is interesting, perceptions of power imbalance or other negative ideas about the other person are very important. If people do not approve of the other person or have made a negative judgment of their abilities then knowledge circulation is restricted.

#### **6.6: Understandings develop collectively**

As discussed above, the study found evidence that information circulates between people and it was clear that there is a social aspect to this interaction. Examination of the transcripts suggested that people's ideas develop as information passes between individuals and groups of people. People do not receive ideas passively. Instead, people shape and adapt ideas to fit individual circumstances. Comparison of data from both sets of participants shows this to be an area where student and nurse ideas aligned quite closely.

Several of the nurse participants describe the way in which their thoughts develop through interaction with other people. The following quote illustrates this point:

*I think everybody needs to discuss things often with other people, if you didn't you'd be working in a very isolated way and you maybe wouldn't be so thorough in your thinking and exploring different options* (nurse 3)

As well as developing thoughts, there was a suggestion that the nurses wanted to check that their thinking around a particular issue aligned with that of others. This is partly evident in the above quote from nurse 3 in that this participant was worried about working in an isolated way. This aspect is clearer in the following quotation from nurse 6:

*I find it of value because maybe I get a clear head on what we are looking at, I can have a perspective but my perspective might be different to someone else's so it's sharing those perspectives and maybe getting it right.*



Nurse 3 also worries about getting things ‘right’ and described using discussion with team members to achieve this:

*Discussing it is always useful – I’ll make a decision quickly if I have to but if we have more time to discuss thoroughly I prefer to do that because any discussion might generate something you haven’t thought of or put another perspective on something so it just helps me feel like I have concluded in the right way, that I have come to the right decision considering all the other factors and other peoples perspectives.*

This abstract shows that this nurse makes quick decisions when circumstances demand. However, this is not her preferred option and the text suggests an understanding that better decisions are likely to result from more a more measured and consultative approach. In several places above there has been discussion of the way in which people use community relations to conform to accepted thinking, whether that of the community or in relation to management decree. However, the above extract points to another possible way of seeing this. According to the Oxford English Dictionary (OED 2016), the word ‘conform’ whilst having an element of passivity about it can also relate to something that is jointly shaped or made in conjunction with others. The citation from nurse 3 demonstrates this by her tendency to use other opinions and ideas to develop thinking collaboratively.

The student participants also describe the way that their thoughts develop in interaction with others. Whereas the qualified nurses use their interactions to work out how to solve practical problems the students were far more likely to describe attempts to make sense of university based theoretical ideas.

For example, student 1 said:

*If I haven’t answered something in class then I might go and approach one of the five peers in the group and I might ask them to explain it to me in a different way because I might understand it in that way or sometimes on purpose I’ll explain it to them first and then they will tell me if they think I have picked it up or not so I find that easier at times*

In common with the qualified nurses, the students also appear to worry about the extent to which their thinking aligns to that of their peers. The following extract supports this idea and there is also the possibility that ideas are shaped and formed collectively:

*they come round and we will literally all the parts of the exam we will put in a hat and we'll talk about it and I learn really well like that because people come up with ideas I haven't thought about and people say oh that's a really good idea and that gets written on a list for later and some people come up with ideas that really don't fit and collectively we'll say that's probably a little bit irrelevant or that doesn't fit so well and hopefully that person will then be more, won't include that because topics are quite wide (talking about particular exam) (student 1)*

An interesting finding was evidence that student approaches to groups or networks have characteristics comparable to individual learning approaches described in chapter 2 of this thesis. Although the study did not set out to categorise student responses in terms of individual learning approach theories it was possible to make some speculative inference about the individual approach to learning described by students. This is evident in the following extract from student one who was talking about the effect that discussion with others had on their learning.

*It definitely helps improve it as in I think if I didn't have that contact I would probably think that I understand concepts that I don't (student 1)*

This shows evidence that the student tries to align their thinking with others. However, there is arguably an element of strategic thinking in that the student is concerned with understanding things correctly. More evidence for a strategic approach towards learning was apparent from student one who expressed the idea that he was most concerned to learn only what was required of him. In this extract, he describes talking to students ahead of him on the course in order to work out which elements of learning were more or less important:

*being completely honest it's do I need to know this - it's like we've had this topic today, these people have been on placement where I'm going to be on placement and it's like do I need to know this for where I am going to be going?*

Another example of a strategic approach is in the transcript of student six. Again, this student gives an account of using interactions to check that they limit their work to do only what is required by the assessment:

*In terms of content required for assignments, checking that what I've got in my head matches what's on the brief because sometimes I have a tendency to over complicate what's on the brief (student 6)*

Comparing these examples to ideas expressed by student two suggests different motivations towards learning. In the extract below, student two was describing the benefits of discussing ideas with other students:

*It does help in a few ways – firstly if it's about something academic you get an insight into how to go about it as well regardless because sometimes what you are told her it sinks deeper if you meet someone else who makes it brighter to understand (student 2)*

Further evidence for a deeper approach to learning is in the transcript taken from student 3. This student appears to use interactions with others to identify gaps in knowledge and to use this understanding to go on and further develop study to remedy this deficit:

*I guess on current placement it is drug and alcohol so I've done a lot of reading about substance abuse, what are the main issues, what are the current ideas coming up, what are the challenges- just to see what is going on in the field. I've also been looking up information on medication because it's a gap that I highlighted in my knowledge*

Whereas student one is concerned to align their thinking with that of other people, student three appears to be trying to develop a deeper understanding. This is also evident in that she goes on to say:

*a lot of what we've been taught is quite surface level and I like to know a little bit more about what is going on at a biological level to help me understand. I find it hard to just learn lists of side effects but if I know the process behind them then it kind of hooks into my brain a bit better*

Student one also describes trying to check what others are telling her although again, there is a more critical and evaluative aspect to the interaction:

*care planning is such an art that I don't think any one person is ever going to be able to tell you how to do it perfectly and their advice isn't going to apply to every single*

*situation but the more I am actively thinking about it and asking different people for advice and weighing up those different sources of advice is if this person a good source of information, does this seem credible, does this fit with what others are telling me - I guess the closer I am coming to resolving what others expect care plans to be like and how I would personally like to write them*

This student consults a range of people but appears to be using these interactions in a more critical way in order to develop her thoughts rather than trying to align themselves with others. Student four expresses another example of an attempt at deeper understanding:

*If you are in a friendship group you'd probably have the same ideas anyway but if you were in a mixed group occasionally someone will pop up and say the complete opposite to what you think but then it gets you thinking about why you think that and why they think that (student 4)*

In this example, the student has identified that exposure to a wider cohort of people extends their thinking.

In summary, this theme articulates the idea that information passes between people. However, central to this is the notion that individuals and teams do not receive information passively. People shape and adapt ideas collectively in a way that allows for integration into their areas of practice. Another idea developed here is the suggestion that 'conformity' may have a more nuanced meaning. This may imply that people go along with officially sanctioned ideas. However, it also suggests that ideas form in conjunction. A final important point about this theme is the possibility that some students use community contacts in a way that either helps them to engage deeply with learning or to demonstrate conformity with the learning task. This is discussed in more depth later in this thesis.

#### **6.7: Communities of practice understand ideas by implementing them**

Much of the preceding discussion was concerned with the way that ideas develop between individuals, influenced by social relationships or by hierarchy. This theme examines more specifically the way in which engagement with practical problems within the environment is important. The mental nurses collaborate to develop solutions to clinical practice problems.

Whilst the students also have to come to terms with clinical environments, they also try to make sense of academic ideas. In both cases however, the practical issues that they encounter form the fulcrum around which individual and collective thinking develops. The first part of this theme reflects the idea that practically implementing something leads people to understand ideas. The theme is summed up well by nurse 2 who said:

*you can write a policy or discuss a recommendation but unless you actually see what in practical pragmatic terms that actually means to individual members of staff & how they see it then it will never get embedded it has to become part of that culture and for that they need own it themselves and understand the relevance to them*

Nurse 2 develops this idea. In the following example she reflects upon her own significant learning experiences:

*nearly always been experiential stuff rather than being face to face or classroom taught things. I think some of it is about making mistakes and risk taking in learning so that the things that perhaps didn't go so well for you are the things that influence you thereafter to work in a different way and that is with the support of perhaps the people that are around you at that time in that coach/ mentorship type of training or learning rather than book based, classroom based learning*

Nurse 2 gives a description of practice adapting in dynamic interaction with the clinical environment. It is interesting that she makes a clear distinction between this interactive and reflective practice and that which she describes as 'book-based' and by implication, non-interactive or unresponsive to clinical realities. This extract from nurse 3 also shows awareness of how care develops in negotiation with practice. She describes a reflective and negotiated process leading to practical 'adjustment' of team actions:

*It's all about communication and if we use the handovers to discuss each clinical case and think about the things that we are doing on a practical level and to kind of assess whether they are working or not and whether we need to adjust things. And of course, we use the multi-disciplinary-team in the same way for us to think about whether we want to make any adjustments to the way that we are looking after people. So sometimes, it's by trying one way, working out logically what we think is the right thing to do, trying it and then making adjustments according to how they respond*

An important factor in this theme is the idea that whilst teams adjust practice by influencing the environment, this is not a one-way process. As evidenced in this quote from nurse 5, the environment also shapes the individual. Nurse 5 had observed the way in which newly qualified staff developed by experiencing practice:

*It's seeing people fresh, kind of being scared- they are unsure of the environment they have come into, they have just come from the university and they have never worked in an environment like this before and to see them growing and even applying for promotions*

The students also talked about how practice shapes their ideas. For example, student 1 describes learning how to work with service users by a process of interaction followed by checking with someone more experienced:

*I ask for feedback and after every contact. I ask my mentor what did I do well, and they are normally very honest and sometimes I ask if I felt like I had a particularly good relationship with the service user, I ask them at the end and I'm honest, I say look, I'm learning, I'm a student - how did I do?*

As well as service users, the nurses they work with influence students strongly. In the following example student 5 describes altering her practice in response to feedback from the mentor:

*I had one mentor who was quite keen on not taking paper and pens into assessment he said it was pretty much the most impersonal thing you can do, so since then I have been working on my skills on just being in an assessment or a one-to-one and coming out of it and being able to write it up from memory and the more I have done it the more my confidence has increased in my ability to do that*

Notable to this extract is the idea that the student appears to have gone on to practice this skill and to integrate it into future practice. This process of understanding by doing is also implicit to this account from student 5 who describes how she learnt to do an injection. This sequence suggests a possible cycle of thinking – observing - doing – thinking. Firstly, the student thinks about the problem at hand and asks for advice:

*If I was unsure about something or needed to get some information I would approach one of the registered nurses and ask them*

Secondly, the student watches what the experienced practitioner does:

*and if I'm still not sure I'd get them to do the procedure first*

The student follows this example firstly by doing the action themselves and secondly by consulting the mentor and the service user – repeating the consultation – action – consultation cycle.

*and then I'd actually do it with them which means I can get feedback from them but also when I was on placement I gave my first injection, insulin, and I asked the registered nurse that was with me and I also asked the patient for their feedback as well if I could do anything better*

In summary, this theme concludes the discussion of participant data by bringing the focus back to consideration of the way in which interaction with the practice environment shapes teams and individual thinking. The emphasis here is on the dynamic interaction between theory and practice. Within the practical engagement described above it is difficult to see where individual thinking ends and practice begins.

The next part of this chapter concludes by summing up the preceding discussion of themes and by showing how this relates to ideas expressed earlier in this thesis.

## **6.8: Discussion and chapter summary**

*There is a mixture of formal and informal contacts*

There are two important points from this theme, the first of which accords closely with previous studies, the second, less so. Firstly, the thesis literature review found consensus about the idea that social relationships influence learning. This fits with evidence discussed in the current chapter, all of which generally emphasises the importance of social relations and learning outcomes. Whilst the nursing studies described general, non-mental health nurse related areas, this thesis finds evidence that this applies equally to mental health nurse training.

The second main point identified is that whilst recognising the importance of social relations to learning the theme also makes apparent the extent to which people evaluate the people around them. This process of weighing others up is an important component of responses within this theme. Reference to all of the research discussed in the literature review shows that whilst a process of individual assessment of others is implied, none of the studies explicitly covers this point. Many of the studies point to evidence that problems with acceptance by others are important. For example, in the studies of academia (see section 3.5), newcomers face the possibility of ‘marginalisation’ (Bathmaker and Avis 2005), ‘isolation’ (Gourlay 2011) or lack of integration (Kim 2011). Similarly, Police recruits (Heslop 2011) may struggle with social participation. Within the nursing studies there is a need for acceptance by the mentor (Cope 2000; Spouse 2001), or by new colleagues (Thrysoe 2012). Clearly, these studies suggest that social judgments are important. However, none of them contains evidence where participants clearly describe evaluation of others and therefore, the evidence presented in this theme is distinctive.

#### *Individual relationships with COP are important*

Whilst the first theme identifies the influence of social relationships and interpersonal evaluations upon learning, this theme deepens the analysis by examining the way in which hierarchy determines learning outcomes. Again, whilst there are many similarities between the participants, there were also interesting differences. An interpretation of responses from the nurse participants suggests that they were more cautious about admitting a lack of knowledge. There was a suggestion that they were concerned about possible negative judgments about their ability. This was less of an issue for the students whose status allowed some freedom to admit uncertainty. This was similar to conclusions reached by Schweitzer *et al.* (2008) who emphasised that open dialogue was important to learning and practice and that



power relations in groups affected learning outcomes. It is also very close to a conclusion by Roberts (2009) who identified an ‘ask-anything’ culture amongst the students studied. Several of the nurse-based studies (Brigham and Smith, 2008; Ranse and Grealish 2007; Roberts, 2009) emphasised the role of peer support in student nurse learning outcomes. This part of the study may add to these findings by indicating that this support may allow students to admit uncertainty and to revise ideas by consulting others. Whilst this is permissible for the qualified nurses, there may be a need for caution too. Arguably, this aspect of the study relates to ideas from CoP theory discussed earlier in the thesis. Wenger *et al.* (2014) argues that in order to be considered a competent practitioner, people need to have a degree of standing in the community within which they practice. Wenger goes on to say that a responsible practitioner is someone who provides a service in a manner that reflects current definitions of competence within that community of practitioners. Perhaps the reticence shown by the qualified nurses about admitting uncertainty can be partly explained by their awareness of a need to maintain face in the eyes of colleagues.

#### *Networks and contacts develop over time*

Elements of this theme may relate to theoretical ideas expressed by Hutchins (1995). He argued that apparently complex individual practice might be a reflection of the depth and quality of social networks that people access. Dahlgren *et al.* (2006) examined the experiences of graduates in the transition from student to working once qualified. Students whose course more closely related to eventual work areas had an easier experience of the transition. The only nurse related study to discuss transition in relation to social learning theory is that by Thyrsøe (2012). This study emphasised the importance of mutual interest and dialogue between experienced and novice nurses to the successful transition from student to qualified nurse. The evidence from this thesis showed some consensus between the accounts of the

students and nurses. Both students and nurses rely on a web of social contacts and these develop over time. There was also evidence that as students gained experience they became more able to interact with the qualified nurses and were subsequently more likely to be accepted and able to learn from them. This finding was similar to a conclusion from the pilot study for this thesis (Walsh 2015) which also highlighted that the third year students found integration with new teams easier to manage.

These ideas also relate to Wenger's earlier ideas about legitimate peripheral practice (1999). As discussed, Wengers more recent work (i.e. Wenger *et al.* 2014) downplays this concept. However, reference to accounts from students 3 and 5 (page 128) suggests awareness that the ability to relate to others grows as people progress through the course. This ability allows for easier acceptance by CoP's and therefore this point is similar to Wenger's (1999) ideas about peripheral practice and the influence this has upon learning.

Another similarity with Wenger's later work is where he considers the subject of 'knowledgeability' (discussed on page 21). Wenger explicitly links the idea of a body of knowledge with a 'landscape of practice'. Learning about a practice is partly about acquisition of knowledge. However, it is also about a personal trajectory through a range of choices about where to align oneself, over time, choices made begin to shape the identity and image of the individual.

#### *Menu approach to consulting others*

Analysis of data within the above theme suggests that people develop networks over time. This theme addresses the way in which these networks are used and shows that for both sets of participants there is an emotional element to choices made about whom to relate to. The emotional impact of professional identity change is central to the study about Police training by Heslop (2011). This study highlighted the way in which Police training was a 'social –

participatory' process with clear implications for individual identity formation and emotional engagement. Within the nursing studies this idea was most clearly expressed by Brigham and Smith (2008) who identified that nurse training involved an important element of emotional engagement.

Another important aspect of this theme was evidence that the way in which perceptions of power imbalance may mediate the way that people access others. Nurse participants interaction with senior managers was limited to checking actions were acceptable. By contrast, within peer groups they had more freedom to explore ideas. This is a similar conclusion to that reached in the study by Skaalvik *et al.* (2012). This identified better learning outcomes where students were encouraged to engage in professional dialogue.

#### *Circulation of knowledge*

Within this study, this theme addresses the way in which information flows within and between people. Participants describe the way in which ideas are adapted to different areas and there was the suggestion that this in turn influences individual and team thinking.

Some of the theoretical discussion covered at the start of this thesis reflects upon similar ideas. For example, Engeström (2001) and Pea (1993) both identify the way in which social interactions between individuals are key drivers of change and development of ideas. Similarly, Cole (1996) discusses the role of language and social interaction in the formation of ideas.

However, the influence of power relations is also important. This study found several references to the way in which power affects relationships and how these influenced learning outcomes. This conclusion is similar to that in many of studies discussed in the literature review (i.e. Abma, 2007; Jawitz, 2007) which emphasise the way that power imbalances can serve to minimise learning outcomes.

A prominent critique of CoP theory is the lack of attention to power relations (see page 24). This point was also apparent from the literature review for this thesis, which found there to be less emphasis upon power imbalances in the nurse related studies when compared to studies of other work places. In this respect, evidence found within the IPA part of this study is clearer about this issue than other nurse-based studies. This is also significant in consideration of the difference between this aspect of the thesis compared to the findings from the value creation part of the study and this issue is discussed in more depth in the following chapter .

#### *Understandings develop collectively*

This part of the study found evidence that groups of people develop and shape ideas within the social settings that they inhabit. As discussed in the theme above, power is an important part of these interactions. The study by Bathmaker and Avis (2005) also highlighted the importance of shared peer group reflection and acknowledged the effect that power had upon this process. The small study by Davis (2006) also analysed the way that understandings develop within interaction with the proviso that this was as long as professionals allowed students to join with the discussion.

The background discussion to this thesis (Chapter 2) discussed pedagogical theory about individual student approach theories. This part of the thesis highlighted the contrast between these ideas as well as the possibility that there may be similarities. Some of the student accounts within this study suggest that students may access social networks in a way that fits with theory describing student-learning approaches. For example, students taking a deeper approach to the learning task use social contacts to broaden their understanding. By contrast, some of the students were clearly using social contact to ensure that they did only the most essential items of an assessment and thereby to minimise learning effort. The following chapter contains a discussion of this issue.

Arguably, as discussed in the opening to this thesis, this finding contradicts elements of current pedagogical thinking within UK Higher Education in which individual student approaches are prioritised.

*Communities of practice understand ideas by implementing them*

This theme focused upon the way in which interactions within the environment and practical demands shape peoples thinking. In this regard, the participants describe acting in a way that resonates with ideas expressed by Dewey (1966 discussed on page 12) where he talks about people engaging in experimental and creative interaction with the environment. Wenger (1999) also discusses this idea in arguing that knowledge only becomes understandable within shared activity.

Within the research studies examined for this thesis this issue was most clearly studied by Ha (2008) who examined the way that IT workers developed skills by practical exploration of work related problems. Whilst many of the nursing related studies examine the interaction between individuals and the social environment (i.e. Cope *et al.* 2000; Spouse 2001; Blåka, 2006), there was little about specific engagement with practice issues in the way that was discussed in this thesis. For example, nurse 2's description of ideas evolving through practical application or nurse 5 who observed newly qualified staff developing skills by interacting with practical problems.

The thesis continues in the next chapter by combining the data presented in this chapter with that from the previous discussion of analysis from the value creation framework.

## **CHAPTER 7: DATA ANALYSIS AND SYNTHESIS OF COMBINED IPA AND VALUE CREATION ANALYSIS**

### **7.1: Introduction**

This chapter opens by discussing in more depth the combined findings from the IPA part of the study and the Wenger value creation analysis evidence presented in the previous two chapters. The IPA analysis themes and the data in the grid developed from the value creation analysis have been cross-referenced. The following section gives details of the conclusions drawn from this process. This section presents findings by separating them out into individual topics. However, it is important to state that there are substantial overlaps between these areas and that none of these things happen in isolation. It is necessary to discuss these factors separately for the purposes of writing an account but a better way to think of these is that they describe aspects of the same thing.

### **7.2: Nature of data analysis**

As discussed in chapter 5 this study has used two types of data analysis. The data set used in this study has been processed using two different methods. The following sections present an amalgamation of the data that has been analysed separately in the preceding chapters. However, before doing this it is necessary to consider the nature of this data. How do the findings generated by these different approaches differ, what are the similarities and how does this answer the research questions?

All of the participant transcripts have been systematically analysed using a process of IPA as described in chapter 5. This involved an attempt to identify similarities within these accounts and to draw these into thematic categories. A review of the seven themes generated allows some initial conclusions about this process. Some of the themes highlight points that were quite unexpected. For example, the finding that people are quite emotionally involved in the

relationships with other people and groups involved in their studies or in their nursing practice emerged very clearly from the IPA analysis. Another finding from this part of the analysis was that participants described a flow of information and ideas that circulated between people and that people, accessed this and contributed to it in the course of their interactions. Whilst people described ideas and had reflected on these it was apparent from their accounts that these originated in other interactions and situations they had been involved in. However, upon reflection, the other themes arising relate to theoretical ideas and even the discussion about circulation of ideas has its origins in theory. The themes related to understandings developing collectively, communities of practice understanding ideas through implementation and individual relations with CoP's all clearly draw from CoP theory. The idea that people compare themselves to others and are selective about their interactions with others was an idea that emerged in the pilot for this thesis. The idea expressed above regarding circulation of knowledge is very similar to descriptions of distributed cognition as expressed by Hutchings (1995). An important aspect to the 'understandings develop collectively' theme was the idea that whilst some students use participation to expand thinking, others used it as a means of strategically limiting academic study to ensure that they didn't complete anything more than was completely necessary. Similarly, the nurses used participation to ensure that they conform to clinical requirements as well as expanding ideas about how to care for people. This is an important idea because it led to reflection on how individual attitude and inclination affects the way that people interact with others and therefore influences subsequent learning and thinking. As discussed below this has obvious links with individual student learning approach ideas and suggests a link between social learning and individual learning approach theories.

As stated, the intention of an IPA approach to data analysis is to allow findings to emerge from the data. However, on reflection it is obvious that the themes developed largely relate to recent theoretical reading done around this thesis. Therefore, it is clear that the IPA analysis has only partly achieved the aim of developing themes that arise from the data. For example, how would these themes look if the subject of the thesis had been activity theory or any other possible approach? However, reference to the methodology section of this thesis shows awareness that researcher bias is an inevitable consequence of any study. Within the approach taken in this thesis there is no attempt to claim that findings are neutral and free from bias. Therefore, it is important to recognise the likelihood of researcher bias and to present the themes arising in a transparent manner by providing evidence from original study data and showing how these arise from this.

Scrutiny of the findings from data processed in the value creation analysis suggests that this produced information that more closely links to the theoretical ideas of Wenger *et al.* (2011). Obviously, this is the intention of this framework and therefore this is not a surprise. It is possible to examine the overall summary of data and see reference to all of the items that form the IPA categories. However, the data is in specific categories to support an analysis of the value of social interaction to participants. Examination of the data presented suggests no obvious correlation between this and the other theoretical approaches discussed at the outset of this thesis.

In summary therefore, the IPA analysis produced findings that partly relate to a range of theoretical ideas already considered by the author. It is also clear that these ideas range across more than one pedagogical theory. As discussed in chapter 5, the intention of a phenomenological approach is to attempt representation of individual subjective experience. It would not be possible to claim that the findings of the IPA analysis have ‘emerged’ from



consideration of data. An IPA approach represents an attempt to develop understanding of the meanings of participants and to recognise the meaning imposed by the researcher as discussed above. As stated, there is no intention of claiming that the study author is detached or uninvolved from the subject of this study. Therefore, it is perhaps inevitable and unsurprising that study findings reflect the ideas of the author and the likely subjective element to this study requires recognition. This requires acknowledgment in the study limitations and the reader needs to examine study data and processes used to make a judgment about quality of analysis and conclusions drawn.

However, consideration of the IPA analysis enabled an (albeit flawed) attempt to immerse myself within the meaning that participants placed upon experience. By contrast, the value creation framework imposed a more structured consideration of the extent to which CoP membership influenced learning. Arguably then, these two approaches enable examination of same phenomena using different lenses and the discussion within the current chapter would not have been possible had such an approach not been attempted.

### **7.3: Social and emotional component to learning and practice**

As discussed in chapter 6, development of formal and informal contacts is central to the learning of both groups studied. Both students and qualified nurses talked about how interactions with peers and colleagues were often partly social in nature and how conversation would involve both work related and informal, friendly discourse. In this regard, the study findings are similar to those discussed in the literature review in chapters 3 and 4. For example, peer relationships appear to be an important mediator of learning quality in studies completed by Cope (2000), Spouse (2003), Thrysoe *et al.* (2010a) as well as Ranse and Grealish (2007).

From reading the interview transcripts, it was striking that participants frequently refer to emotional aspects of their interactions. People have a significant degree of personal investment in their approaches to learning and working. This is evident in the way that participants describe emotional support and stress reduction gained from interactions as well as using their 'gut feeling' or intuitions when working out who is useful to their learning or not. However, there were some differences in emphasis between students and nurses. The student participants were more likely to describe the value of emotional support in difficult circumstances. This is partly due to problems caused by power imbalances. A related cause of stress is that nurse training involves frequent encounters with different practice areas and the subsequent need to deal with boundary issues. The qualified nurses were more likely to describe anxiety about the extent to which their actions conformed to accepted practice norms. A sense of personal satisfaction and gratification was apparent in some of the nurse participant interviews where they described a feeling of pride and accomplishment in managing things well. Nurses enjoy sharing their experience with people who consult them and they get a feeling of achievement when coaching junior staff and seeing them learn and develop.

An important aspect to the emotional component of learning and working is the need for people to manage relations with different groups. The student participants found this to be a significant issue. They are required to interact successfully with their university peer group, with academic requirements as well as the significant stress of clinical placements. Students often also have families to care for. Many of the students discussed the difficulty of frequently having to negotiate acceptance in clinical teams. Whereas within university they can rely upon support in numbers from their peer group this is not available in placement areas. Established teams may be reluctant to accept newcomers and the ability to manage this

process successfully appears to be an important part of the students skill set. An important way of achieving this is careful avoidance of conflict with established staff. Students are sometimes critical of the practices they find in clinical areas. Despite this, they have to learn not to be over-critical because of the negative effect this would have upon relationships. Instead of talking to people in practice the students tended to 'off-load' their frustrations onto peers. As well as having a role in stress reduction these discussions also involve students in developing ideas about how they might do things differently if they had the power to do so, ideas that presumably form part of their future practice. Students also recognise the need to appear interested in the practice area because nurses are reluctant to engage with people whom they judge to be uninvolved.

However, despite encountering problems the students did manage to make some changes to practice areas. For example, several of the nurses described how teaching students led to them developing new ideas whilst several of the students described being able to influence the care of service users.

The nurse participants were much less likely to talk about stress when discussing relationships. As discussed in chapter 4, there is evidence that newly qualified nurses experience similar problems to student nurses when initially trying to gain acceptance to clinical teams (Thrysoe L, 2012; Walsh, A 2015(b)). None of the nurse participants was newly qualified, all of them have had some time to settle into practice areas and develop confidence in practice. A study focusing on more junior participants might have found a different response in this area.

#### **7.4: Community and network interaction and individual learning and thinking**

As well as an emotional component, there is evidence that community and network interactions help to develop individual thinking, understanding and behaving. Central to several of the themes developed in the IPA analysis is the suggestion that thinking develops in a dialectic relationship with practice. A common theme of the value creation analysis is that there is an important link between social participation and understanding of theory or learning how to do things in practice.

At a basic level, nurses talked about getting ideas and information allowing them to solve particular practice problems. Student interactions helped them to understand the requirements of an academic assignment or to learn how to behave in practice areas. However, there was a suggestion that these interactions also serve to influence individual cognitions more deeply. There is the possibility that interactions may result in development of creative solutions to problems. In the IPA analysis, several of the nurse participants described the idea that their interaction with other people resulted in development of their own ideas. Individual thinking about how other areas practiced led to ideas about how to do things in their own areas. Student participants appear to use practice as a fulcrum to help them to understand theoretical ideas. For example, growing student awareness of a theory-practice divide can result in the student developing a deeper understanding of both theory and practice. Similarly, in the value analysis section both nurses and students identified an individual benefit of interaction was that thinking was expanded and developed through their interactions.

However, as well as fostering a creative response to problems the study data also suggests that interactions may sometimes serve to delimit and restrain individual responses. An idea common to several of the IPA analysis themes was that people are concerned to maintain relationships with their communities. For nurses, this involves checking that their thoughts

conform to those of their peers as well as with the requirements of the organisation. For example, there is evidence that they do developmental thinking with peers whereas people in power are more likely to provide answers about what the organisation wants them to do. Similarly, some of the nurses are concerned to ensure that their decision-making fits with that of others. In the value creation analysis, the individual benefit identified was that both students and nurses use their interactions to 'correct' faulty actions and ideas.

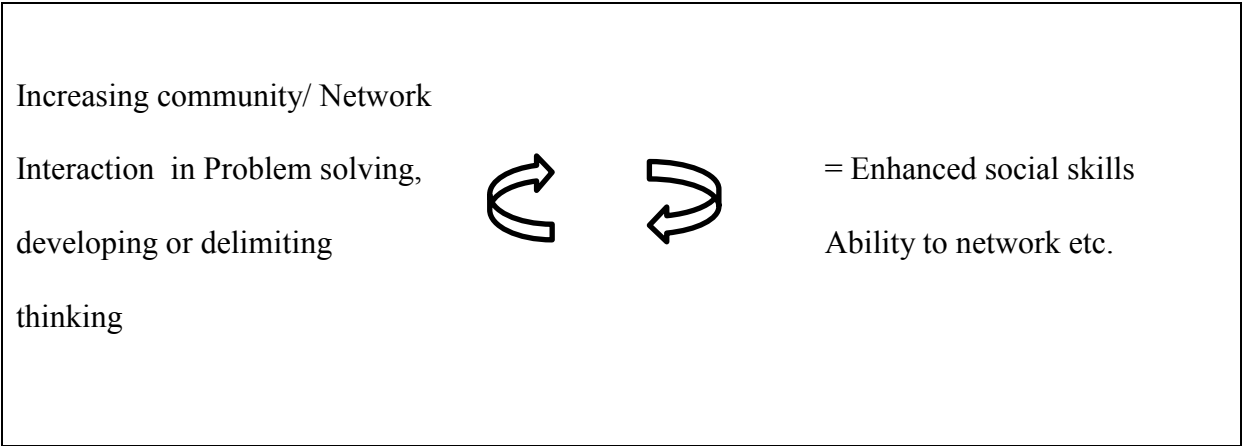
Several of the student narratives suggest that part of the value of interactions is to help them discover whether they need to spend time learning something or whether they can safely avoid a subject. For example, student 1 describes avoiding subjects that are not immediately useful whilst student 6 avoids doing any work that is not essential to meet the terms of the assignment brief. Similarly, the value creation analysis shows that students identify a strategic element as a benefit of individual participation.

Overall then, the evidence of this study is that individual participation with communities and networks has two effects. Firstly, individual thinking may develop creatively but it may also be restricted to what is required of the organisation or by the academic task set by the university.

#### **7.5: Individual social competence, development of contacts and ability to discern abilities of others**

The study findings also indicate that the process of interacting with others to solve problems, and develop thinking causes individual social ability to develop. At the most basic level as the individual develops a history of interaction, they also develop contacts with other groups and individuals. This allows the person to access contacts as required. The IPA analysis showed that some of the nurses used contacts that they had developed in the past as well as those who had knowledge or skill in a particular area. In the value creation analysis, both students and

nurses identified that the growth of relevant contacts was a primary reason for their interacting with colleagues as well as finding that an increased number of useful contacts was a significant outcome.



**Table 18: Community interaction and enhanced social skills**

This finding suggests a dialectical relationship. As people interact with practice, individual thinking develops as well as social ability. Individual social skills change the way that the person interacts with others and allows more effective problem solving. Another part of this is that the individual learns the language used in a particular community and this facilitates their acceptance to the group. Also related to this point is the finding that people assess the perceived competence of others and form judgments about their ability and usefulness to contribute to their practice or study. The value creation analysis shows both nurse and the student participants identify this as an important benefit of community and network participation. Similarly, the IPA analysis suggests that people do not randomly select people to consult. Nurse participants formed judgments of others depending on whether their interactions proved to be useful or whether they approved of that individuals conduct. Students describe gravitating towards people who have a similar outlook to themselves as well as to people who they judge to have good academic ability. This suggests that links to useful contacts strengthen and develop over time whilst less useful connections fade and become discarded. Nurses said that they derived personal satisfaction from helping people.

One of the nurses identified that when someone asks for advice this implies that they value your opinion and that this is a compliment.

It is possible to reflect on these ideas to suggest some points about the trajectory of people who are successful in practice. Initially students who are lower in the clinical practice hierarchy are less able to act freely in practice areas. They have to negotiate entry into existing communities. However, as time passes, people who are engaged in communities and networks simultaneously develop social and networking skills and the ability to communicate and speak the same language as others. They develop ability to practice effectively as their ideas, skills and knowledge improves. Part of this process involves a growing ability to discern who is useful and who is not. Others are also judging the individual and are consequently attracted to or avoid this person. It is possible to speculate that someone who is successful will attract better contacts and a richer network than someone considered less effective. It is also possible to suggest that while a well-established practitioner requires a sound knowledge base they must also have effective community and network contacts and personal standing within these.

## **7.6: Study findings and background literature and theory**

This part of the chapter gives a discussion about the overall study findings in relation to the original theoretical discussion and the literature review contained within chapters 2, 3 and 4.

## **7.7: Individual and situated learning approaches**

The background discussion to this thesis opened with an overview of relevant learning theoretical approaches (Chapter 2). The first ideas discussed were theories about individual learning styles (i.e. Marton and Säljö, 1976; Biggs, 1987a ; Entwistle and Ramsden, 1983). The chapter went on to contrast these with approaches taken from social learning theory (i.e. Wenger, 1999; Engeström, 2001). At the outset of this thesis, I assumed that social learning

theories and individual student approaches were polar opposites. However, theoretical ideas now suggest the possibility of integrating these different approaches by re-conceptualising learning approaches as being individual choices to engage in or remain peripheral to the social practices of CoP. According to Wenger *et al.* (2014) individuals negotiate social landscapes of practice, becoming more or less deeply involved in the differing practices that they encounter. It is possible to consider these ideas in relation to the findings of this thesis. A prominent study finding was the idea that social participation was central to participant learning, in either an academic or a practice setting. However, there was also some evidence to suggest that individual learning approach mediates the interaction between the learner and their environment. For example in chapter 6, some of the students describe how they understand a particular issue by reading about it thoroughly and then using social interaction and participation to expand and develop their thinking. This contrasts with the approach of student 6 whose participation served to minimise work done to only what was required to pass the academic assignment. All of these students appear to be learning in ways that fit with social learning theories described above. However, social learning theory does not fully encapsulate the description of these students. Their approach to learning also fits well with individual learning theory (as discussed in C2) some students appear to be taking a deep approach to the learning task whereas student 6 can be characterised as adopting a more superficial approach. This requires consideration in the context of theoretical ideas discussed in chapter 2 especially that of Hutchins (1995) where he argues that individual practice arises from interaction with complex social environments.

## **7.8: Knowledge: what are people learning?**



An earlier part of this thesis (chapter 2) argued that situated learning ideas developed within the milieu of critiques about the nature of knowledge (i.e. Lyotard, 1984). Social constructionist ideas critique ideas of knowledge being an individual attribute and argue that knowledge is dependent on socially constructed practices and interactions (Burr, 2003). There is also the idea that modern organisations are flatter and require individuals to internalise values, becoming less reliant on top-down management (Gee, 1996). Therefore, whilst the study provides some evidence for consideration of individual and social learning approaches, it is also important to be clear about the nature of what people are learning. As discussed (Cope *et al.* 2000; Blåka, 2006; Davis, 2006), an important part of becoming a professional person involves a process of social identity change. Similarly, within CoP thinking (Bliuc *et al.* 2011; Wenger *et al.* 2014) individual identity formation is central to professional learning. Wenger *et al.* (2014) highlight tensions around practice boundaries in which students ignore practice experience in order to conform to academic requirements or when in practice find it difficult to apply theoretical ideas. Certainly, student participants of this study found this to be the case.

Study findings suggest a link between learning and social participation to the extent that it is possible to question whether these are separate ideas. At the very least, it may be impossible to conceptualise learning and social participation separately. An idea considered at the opening of this thesis was that many social learning approaches are critical of educational settings, which attempt to de-contextualise learning from everyday practice (i.e. Wenger, 1999; Engeström *et al.* 1999; Hutchins, 1995). As discussed in the previous section, elements of study data suggest that some of the student participants adopt a strategic approach to learning in response to the academic tasks they are required to complete. This strategic, task minimisation approach was less apparent in the qualified nurses. This suggests the possibility

that the shallow approach described may be a response to aspects of academic study which students consider too removed from practice realities.

Whilst some student participants minimised academic study their qualified counterparts appeared concerned to align themselves with organisational requirements. Students are also concerned with the extent that their learning and progress compares to that of their peers (Walsh, 2015). Similarly, a study conducted by Spouse (2003) found that the nurse participants measured their progress by constant checking of their practice with that of their peers. This fits with the suggestion by Wenger *et al.* (2014) that people evaluate individual practice by how well it fits with accepted norms. This suggests a model of practice learning in which the individual responds either creatively or by conforming to their social environment. If they experience rigid requirements, they will seek to align themselves. However, the environment may also spur them into developing new ways of dealing with problems presented. Obviously, within clinical practice areas it may be very important for nurses to align their practice with others. For example when dealing with people who are potentially suicidal or violent, there is a clear need to adhere to existing good practice. Similarly, mental nurse students need to know which doors to lock and understand the need for caution whilst working with potentially violent people.

Therefore, some aspects of the conclusions to this thesis are similar to ideas described by Biggs (2003b) in which learner perceptions of the environment determine learning approach but there are differences. This thesis suggests that learning and social participation are aspects of the same thing and there is less emphasis upon individual absorption of abstract ideas as a learning outcome. There may sometimes be good reasons to promote conformity and restrict creativity in clinical practice. However, these findings suggest that when trying to design professional learning environments it is important to aim for academic tasks that encourage

creativity and broader learning. However, as discussed in chapter 2 it is important to recognise that knowledge, practice and individuals are not static. As we interact with the world, we change it whilst simultaneously being changed ourselves by the experience. One of the themes from the IPA analysis part of this thesis was concerned with a flow of knowledge between people and communities. Interaction with communities changes people whilst practice areas also develop through this interaction.

### **7.9: Professional learning and identity**

As discussed in chapter 3, recent thinking about CoP theory (Wenger *et al.* 2014) suggests that individual identity develops from interaction with a landscape of practices. Individuals integrate closely with some practices whilst identifying less and being more peripheral to others. Individual knowledgeability involves the person in developing a relationship to the multiplicity of practices within the landscape. Fenton-O'Creevey *et al.* (2014) argue that individuals have to negotiate which aspects of their previous identity are acceptable within the new contexts they encounter. They describe this as representing a significant emotional challenge to the individual.

A finding of this thesis is that participants were significantly emotionally involved in their studies or in their daily work. In the analysis of participant data, it was difficult to separate the emotional involvement from the descriptions of formal and informal social contact. The emotional content of learning and practice appears as prominently as the evidence about intellectual engagement with theory and practice. There were some differences in the feelings expressed by the students and the qualified nurses. Students were more likely to talk about the stress involved in learning about how to practice. Student training involves them in frequent negotiation of practice boundaries with an established CoP. There is a constant need to work out which aspects of their previous experience fit within the new practice area. They often

have new ideas about or are critical of practice and this requires emotional labour, do they voice suggestions or criticisms? if so – how? will they offend powerful people? will they be accepted? Wenger *et al.* (2014) describe the landscape of practice as consisting of competing claims to knowledge, more powerful accounts silence others. As seen, many students cited issues around power imbalances as a significantly difficult issue and a potential barrier to their learning.

#### **7.10: Boundaries, learning and new practice**

Students find new areas stressful partly because they are unfamiliar with the usual practice within that community. Individual wards within the same hospital do not practice in the same way and as discussed, students have to accommodate these differences. Wenger *et al.* (2014) argue that because newcomers lack shared history their perspectives, values and even words used will differ, all of which represents significant potential for confusion.

Students in this study found it hard to work out what to do in new areas and initially it is sensible to work out the rules and conform to them. According to Wenger *et al.* (2014), newcomers to a CoP find that initially the relationship is similar to that of an apprenticeship where the established practice shapes them. Once the newcomers level of experience and competence is accepted then there is potential for transformation of that community. Therefore, it would be a mistake to see boundaries solely in terms of their potential to restrict learning or to ensure conformity. Wenger *et al.* (2014) discuss the way in which boundaries are also a powerful source of learning because these meetings are a potential source of new perspectives and insight. As discussed above, power issues are always significant in issues of boundary crossing. Many students experience the rejection of their suggestions and insights. However, as students gain experience of boundary crossing many of them become more confident and successful at achieving acceptance in clinical teams. This is partly because they

come to learn how to frame problems in ways that are acceptable to clinical teams. They also learn to use language in a way that does not mark them as outsiders. This was also a finding of the pilot study for this thesis (Walsh, 2015). As discussed above, many of the students found it difficult to integrate theoretical ideas into practice or to reconcile clinical practices with academic tasks. This discord can lead to people adopting superficial approaches to learning, to them rejecting new learning and it can be a cause of conflict. However, as seen in this study, contradictions between theory and practice can also spur students to develop new ideas or practitioners can learn from the differing experiences of other clinical areas. These points suggest that learners require preparation for practice by assuming the inevitability of initial discomfort and potential conflict on encountering new aspects of learning. Learners should be prepared to develop resilience and social skills to help them overcome or work creatively with contrasting experiences and claims to knowledge. Whilst learners are required to develop skills of assimilation, this discussion also suggests a need for practice areas to challenge practice. Whilst newcomers must conform to a certain degree, they are also potentially valuable sources of new learning and improved practice.

It is now possible to summarise the main conclusions of this thesis in terms of their significance for higher education.

- The research found some evidence to suggest that social interaction and learning may be interdependent concepts within the group studied
- Analysis of participant accounts suggested that encounters with other people and different communities of practice enhanced their ability to manage interactions whilst improving and increasing their range of network contacts
- Within this study, there was some evidence to suggest that social interaction and learning involve identity change. Participants described this as an emotionally

challenging process

- Participants appeared to be aware of the effect of power relations and boundaries upon their learning and practice. Their accounts suggest that these are a source of stress
- The study found some evidence to support the idea that the stress of negotiating power relations and boundaries may cause people to conform. Alternately, it may impair learning. However, the experience of stress can also be an essential spur to learning and change – for both individual and for the CoP
- Participant accounts suggest that their thinking developed in dynamic interaction with practice whilst their practice areas were developed as a consequence of interacting with individual people
- The study suggests the possibility that people encounter a range of communities, all of which have some degree of influence. This may mean that attempts to understand learning by examining just one aspect (i.e. the classroom) could produce an incomplete picture
- The study found some tentative evidence to suggest that individual learning approach theory and situated learning theories may not be as opposed as originally assumed
- Analysis of study data found evidence that participants may not experience knowledge as a static entity. Their accounts suggest the possibility that knowledge is constantly developed and co-created and flows between and within people

**Table 20: Outline of thesis conclusions**

## CHAPTER 8: STUDY CONCLUSION

### 8.1: Introduction

This final part of the thesis begins by re-visiting Chapter 1 to review the intended outcomes stated in the introduction to the study. The opening section of this thesis outlined the evidential, practice and reflexive basis underlying the three research questions. As discussed in Chapter 1, the intention of the study was to develop a better understanding of how social processes influence learning amongst student mental health nurses and their qualified counterparts. However, as discussed in the reflexivity part of that chapter (section 1.3) simply understanding these social processes better, (although interesting) is an insufficient outcome. The study author has a history of working in mental health care alongside current practice in teaching mental health nurses. There is also current personal experience of receiving mental health nursing care. Therefore, it was important that the study outcomes also had potential to lead to practical ideas about pedagogical practice.

- |   |
|---|
| <ul style="list-style-type: none"><li>• How does student social participation support development of learning for student mental health nurses?</li><li>• How does social participation support the practice of qualified mental health nurses?</li><li>• What are the implications of this study for pedagogical design?</li></ul> |
|---|

Table 21: Original study questions

Examination of the extent to which this study met the stated outcomes forms the first part of this chapter. Following this is a critical examination of the study findings in relation to existing research. This situates the study findings in context of the wider research and theoretical background and allows consideration of the case for the contribution to knowledge for this thesis. Sections 1.2 and 1.3 in the first chapter of this thesis outlined the case for

posing these three research questions. The first two questions are about identifying the influence of social learning upon students and qualified nurses. Page 7 outlines the ‘hunch’ that it should be possible to identify these factors but also that this should lead towards ideas around how to develop pedagogical practice that reflects this understanding. The following sections take these points up and outline the extent to which the study has been successful in achieving these aims.

## **8.2: How does student social participation support development of learning for student mental health nurses?**

This study suggests that social factors are important to individual learning. Whilst formal teaching and learning provision is important, findings point to the vital role of informal contact. Students appear to value informal, friendly contact with peers as this helps them to consolidate learning, to identify areas of uncertainty and serves as a measure of individual progress. Learning to enter a profession involves significant personal emotional investment on the part of the learner. Whilst student nurse training involves the individual in a process of intellectual development this is not an objective and emotionally uninvolved process. Students experience stress as part of the learning process and they value the emotional support that they get from their peers.

Part of the stress that students experience relates to the difficulty of frequently encountering established communities of practice. People who are learning to be mental health nurses are engaged in traversing a complex landscape of practice and the different components of this landscape are policed (as described by Wenger, 2014). Some aspects of this landscape are difficult for newcomers to interact with and boundaries between practices are significant obstacles for newcomers. All of the student accounts show a concern with their place in the hierarchy of clinical practice areas.



As discussed at the start of this thesis, several writers have drawn attention to a perceived theory-practice gap in mental health nursing. This study has also shown this to be an issue in that several of the students identified contradictions between ideas taught in academic settings and clinical practice. However, the study suggests that although potentially stressful, these contradictions allow students to examine theoretical ideas in practice and facilitate critical consideration of clinical practice.

Whilst encounters across practice boundaries can be difficult for learners, this study also shows them to be significant in terms of learning. Whilst people may respond to new environments by seeking to conform they also serve to spur people on to develop new ideas and ways of solving problems. Input from new practitioners is also an important source of development for established communities. The study also suggested that interaction with new CoP's causes people to develop their social skills and that eventually this interaction enhances their ability to deal with such experiences in future.

Study findings also show that both the students and the nurses develop a critical view of others ability. This perception of others appears to form a guide for whom they trust to approach for help and whom they would avoid. The study also suggests that people try to gravitate towards people who share a similar outlook to themselves. Another aspect to this point is the evidence developed about CoP's within student cohorts. As discussed in chapter 2, Roberts (2009) identified that student groups have characteristics of a 'parallel CoP'

However, elements of this thesis suggest that thinking of a whole student group as a CoP may be misleading. Instead, study data suggests the presence of a range of different CoP's *within* the individual student group. An example of this is student 4's suggestion that she gravitated towards people who she perceived as having similar ability as well as student 5 who described

the difference between the 'A' Grade students and her group and who had identified that some groups within her cohort did not care about the course at all.

Some of the student interactions suggest a strategic attempt to limit learning done by minimising the academic task so that students only attend to the most essential items. Other students seem to access social contacts in a way that maximises their ability to understand a particular area. Whilst both groups are involved in similar social interactions, the underlying motives are different. Individual perception of the learning task changes the way in which they access social networks.

### **8.3: How does social participation support the practice of qualified mental health nurses?**

Nurses in the study access social contacts in order to help them to do their work. At the most basic level, social interactions are a means of fact-finding and help the individual to gain knowledge to do their work effectively. In common with the students, the qualified nurses also use their social participation to develop ideas. Their interactions appear to have the effect of extending individual thinking around particular problems. As discussed, students showed an element of strategic use of contacts to help them minimise effort expended on academic tasks whereas the qualified staff did not show a desire to minimise effort. However, qualified nurses did appear to use their social contacts to ensure that their actions fitted with approved organisational procedure. Concern about organisational demands may explain why the qualified nurses report much less use of social media than that described by students. Whereas it is acceptable (and encouraged) for the students to use online resources this would be much less acceptable to people working in a profession which requires strict attention to confidentiality.

Study findings show that nurses also form judgments about other people's competence and use these judgments to decide who is useful and trustworthy and who is not. Nurses are similar to students in that they use comparison with others to judge how well they are doing their own job. Many of the nurses talked about development of a network of professional contacts over the course of their careers. These contacts appear to be important to the professional status and ability of nurses to solve problems in practice.

#### **8.4: 'What are the implications of this study for pedagogical design?'**

Reference to previous Chapters shows that this study initially set out to clarify the suspicion that social factors influenced both the learning and the clinical work associated with my teaching practice. The intention was that this would allow an attempt to begin development of teaching practice re-balanced towards consideration of social as well as individual learning theory. Whilst study findings are tentative, it is possible to suggest some initial actions as well as identifying whom these might affect. A further aim of this thesis was to identify areas for further study around questions about how awareness of these social processes might influence practice. For example, the conclusion to Chapter 2 discussed the possibility that a greater emphasis on established peer group relations might potentially enhance learning outcomes. As discussed below, this study fulfilled the intended outcomes in that it produced some evidence for the influence of social factors upon learning within my area of nurse training. It has been possible to begin development of thinking around pedagogical practice that recognises this.

#### **8.5: Recommendations for pedagogical practice**

##### *Vital role informal social contact to learning*

Reflecting upon my role in designing and teaching aspects of the course it is easy to overlook social processes within groups. This is especially so when one considers the informal nature of much of this interaction. The evidence of this study is that significant learning is as likely

to take place within informal conversation as it is in the classroom. One of the lessons for researchers who aim to understand learning is that any attempt to study this solely within formal learning spaces is limited and perhaps based on an incomplete understanding of the way that people learn in educational and in workplace settings. A possible practical outcome when designing courses and modules of study for mental health nurse students is that educators might make students aware of findings about how their social interactions support learning. This might allow discussion about how to build in time during the course to encourage students to discuss their ideas and learning with peers. As well as considering how to encourage interactions around learning, it may also be necessary to avoid damaging existing relationships. As discussed at the beginning of this thesis, it is common practice to allocate students at random to study groups. The intention is to make students study alongside people with whom they have little familiarity. Study findings suggest that enhanced learning outcomes may result if students form their own study groups. Therefore, a possible outcome of this study is that lecturers should be aware of the possible influence of social groups within cohorts of students. As discussed in the opening to this thesis, preparation for lecturers currently focuses exclusively on pedagogical theory associated with individual student capabilities. This thesis provides some evidence that this focus could be slightly re-adjusted to accommodate broader theories about learning.

#### *Stress of frequent boundary encounters*

Students frequently have to encounter established practice communities in the different placements that make up their course. Implications for educators are firstly that there is a need to be aware of the stress caused to students by these social encounters. Universities already provide support services to students who experience stress. However, the specific link between placement stress and learning may not always be apparent. This thesis provides some

evidence that stress is an inevitable outcome of successful practice learning. This implies that students and university support staff at least be aware of this possibility and for student to receive appropriate support. There is also the possibility of developing pre-and post - placement sessions whereby students discuss and share experiences about to initially approach a new team and strategies that they have used successfully. Some evidence in this study suggested that where clinical teams perceived students to be 'useful' and interested they had a better experience of involvement. It may therefore be helpful to advise students to make a point of showing interest and willingness to become involved in the work of the team.

#### *Encountering new boundaries encourages learning*

As discussed above, there may be some awareness of the negative effects of frequently encountering new practices but there is much less consideration of the potential for learning. In practice, students work alongside a range of other professionals. Different teams have approaches that may be unfamiliar to the learner and clearly, these encounters may cause stress. However, an implication for practice is that students and lecturers should at least be aware of the possibility that these encounters serve to enhance learning. If people perceive encounters with others as being stressful then it is understandable that they may wish to lessen opportunities to meet others. This part of the thesis supports theoretical ideas within Wenger's work around the idea of LPP (page 18) as well as more recent thinking around the way in which individuals interact with a landscape of practice (2014, see page 21). This implies that supporting learners to enhance the range and quality of interactions with different perspectives will help them to achieve recognition as competent practitioners. The institution needs to acknowledge the inevitability of stress within boundary encounters. Students should be aware that practice is likely to be stressful but also that this is an important part of learning. Universities and practice staff should take active steps to support students within stressful

situations and to help them to work through their anxiety and recognise that this experience of stress may be central to learning – rather than an undesirable by-product.

*Student groups are not homogenous*

This study has found that the various communities encountered by learners have an influence upon their learning. This implies a need to incorporate these findings into pedagogical design. However, as discussed, Kimble and Hildreth (2008) argued against attempts to manage CoP. They suggest that this would damage the spontaneity of existing communities. Wenger is critical of some attempts to implement CoP theory within educational practice. For example, he argues that some Universities have attempted to create communities of practice for their students. Whilst this has some use in that it acknowledges the role of participation in learning, it ignores the multiple communities that people encounter in their lives. Acknowledgement of these critiques requires limits to pedagogical recommendations. The first suggestion is that educators should be aware that the classroom interaction is only partly responsible for learning outcomes. As seen in this study, students and practitioners rely upon a diverse and supportive cultural environment that crosses into personal and informal spaces as well as more formally designed interactions. Pedagogical research and design, which assumes that learning only occurs within the classroom is likely to miss the actual complexity and richness of the learning experience. Whilst this does not preclude a focus on classroom interactions, it is necessary to acknowledge that this environment only has a partial influence on learning outcomes. Secondly, CoP's always respond to outside influence but not always in a predictable manner. A conclusion of this thesis is that educators should not try to colonise existing communities and should instead aim to work alongside and facilitate these rather than attempting to initiate, manage and control them.

*Possibility of relationship between individual student learning approach and social learning theory*

This point relates to the possibility of a relationship between individual student learning approach and social learning theory. This was an unexpected finding. As discussed at the opening of this thesis there is a well-established body of work on social learning. This work comments on traditional learning approaches, which advocate an individualistic knowledge delivery approach to education. There is also a very well established body of theoretical work, which investigates and advocates an individual student learning approach to understanding of pedagogy. At the outset of this thesis, I intended that any work done around identifying social processes and learning would serve to complement these ideas about individual approaches. I had however assumed that these two approaches were polar opposites and that whilst they might individually inform practice they were incompatible. The study findings suggest that the gulf between these two ideas is not as wide as first assumed. However, this is a very tentative finding because the study did not specifically set out to investigate this. Therefore, the implication is that this is an area of possible future research.

*Skilled nursing practice reflects individual attributes and a social network*

Nurses appear to use social contacts to extend their thinking and fact-finding. Clearly, individual capability determines skilled nursing practice. However, this thesis suggests that the experienced nurse may also rely upon a network of contacts established over time. Implications of this are that students might be encouraged to develop their awareness about how the quality of networks that they develop will support their future practice. Some of the nurses in this study described reliance upon contacts that they had developed over many years. These contacts helped them to find information as well as to check that they have understood this. The above point about an over –excessive focus on individual learning

capability underlines the idea that whilst individual capacity and learning is important, social contact underpins skilled practice. From an early point in their training, students could be encouraged to value social contacts made and to be strategic and careful about maintaining these for future use.

## **8.6: Study findings and the research context**

It is now necessary to consider how findings relate to the background research literature discussed in chapter 3. Chapter 3 discussed a study by Bathmaker and Avis (2005) which criticised CoP theory for neglect of issues around power. Schweitzer *et al.* (2008) also talked about power and the way that participants in a community learned less when they could not openly discuss ideas in front of more powerful group members. It is interesting to compare this to the way that the nursing studies handle power. Chapter 3 includes a discussion about power relations within the nursing profession. Whilst there is a lot of awareness about power as an ongoing issue in the profession (i.e. D'Antonio P, 2010; Peate, 2014; Richardson-Tench, 2012) there was little acknowledgement of this in the studies discussed. This thesis has clearly identified power and the way that this influences the student learning experience. This theme occurred strongly within the accounts given by student participants as well as the qualified nurses. In this respect, the study findings are distinct from other research identified.

There was also a discussion within chapter 3 about the idea of legitimate peripheral participation because the research studies identified this as a significant factor in individual practice learning. All of the studies cited in chapter 3 referred to earlier iterations of CoP theory, which focused upon individual relationships with particular communities. With the benefit of access to more recent work, the discussion has evolved. This thesis used the metaphor of individual negotiation of a landscape of practice discussed in Wenger *et al.* (2014). This has allowed a study finding that recognises the variety of influences upon



learning. This is helpful for future study because recognition of a variety of experiences avoids an over narrow focus upon single aspects of learning. For example, many studies limit investigation to a single intervention such as classroom teaching. The study findings do not preclude research into one area. It would surely be impossible to study every single formative aspect of learner experience. However, the study suggests that research into classroom interactions must at least acknowledge that findings about interactions may only reflect one part of the wider picture.

A further point of difference is that many of the studies discussed in chapter 3 discuss boundary issues using the idea of legitimate peripheral participation. Several of these (Bathmaker and Avis, 2005; Spouse, 2001; Spouse, 2003; Cope *et al.* 2000; Blåka, 2006; Davis, 2006; Thrysoe *et al.* 2012) discuss the idea that relationships are important and identify how lack of acceptance within an existing CoP can impair learning. This thesis was similar in finding that relationships are central to learning. However, as well as giving an account of the possibly inhibitory nature of relationships the thesis also draws attention to other aspects of this relationship. It has been possible to argue that tensions around boundary issues also serve as a vital spur to new learning. Negotiation of boundaries is stressful but repeated exposure helps learners to develop social skills allowing progressively more successful interactions in future. This is a more nuanced conclusion than simply seeing boundaries as blocks to learning. In this respect, the thesis is similar to the conclusion reached in Abma's (2007) study of Dutch hospital managers, which identified the importance of boundary encounters between different practitioners as being a spur to learning.

However, whilst recognising the importance of learner characteristics, another aspect of literature findings was the idea that clinical areas may be more or less welcoming to learners. For example, Thyrsoe (2012) and Skaalvik *et al.* (2012) both discuss the way in which some

established communities are more or less difficult for learners to enter. The evidence gathered within this study around the influence of individual areas upon learning was relatively minimal. This may be because the study focused upon the broader experience of individuals traversing a landscape of practice. Earlier studies that highlighted the extent to which individuals were peripheral to a particular community may have been more effective at identifying relevant characteristics of that community. Evidence about community characteristics and learning would perhaps be of value in that they could lead one to explore how work areas might better assist learners and perhaps benefit in the process. An interesting area for future consideration is the possibility that the degree of openness shown by a workplace community towards learners may be a useful metric to indicate how effective that area is in terms of quality. For example, in a health care environment, is there a relationship between the degree to which learners find an area to be open and welcoming and the standards of practice maintained within that area?

The literature review included a summary of the pilot study for this thesis (Walsh, 2015). This was a smaller version of the current study, which sought broadly to identify social processes that affect learning. In common with the thesis, this study identified a link between social processes and learning. This study was more revealing about individual relationships with communities and this relates well to the above discussion about study focus as regards this aspect. Another similarity between the studies was that the thesis consolidated the pilot finding that once accepted fully an individual could also have an influence upon the team.

Identity and the process of becoming a professional is identified in nursing based studies by Blaka (2006) and Cope *et al.* (2000), within academic practice by Jawitz (2007), Gourlay (2011) as well as in Police training (Heslop, 2011). This thesis also found that development of professional identity relates closely to the student learning experience. The main difference in

this thesis is that there was a more explicit discussion around the emotional content of this transition. This suggests that as well as being concerned with intellectual achievement, educators should help to prepare students for the emotional nature of professional development. As identified by Ranse and Grealish (2007) as well as Brigham and Smith (2008), peer group support is vital to student learning. This finding is similar to that of the thesis and it suggests the need for educators to recognise the value of this support, to encourage students to help each other and to be aware of times where individual students struggle to develop peer relationships.

Roberts (2009) discussed the possibility that student support networks may be an alternative CoP. As seen, the current study was similar in that it identified the importance of peer support. However, it was possible to suggest that there may be sub-groups within student cohorts that have characteristics of a CoP. It may therefore be an oversimplification to describe whole student cohorts as representing a single and unified group.

### **8.7: Study limitations**

It is important to acknowledge study limitations. As discussed, there is an issue around power imbalances between the researcher and the student participants of this study. As a lecturer on the course that these students are undertaking I am responsible for assessing and grading their academic work. This is a powerful position. For example, sometimes I am involved in assessments that can determine whether a student continues on the course. An important aspect of the study findings is that power relations between the students and their qualified nurse mentors have a significant influence upon learning outcomes. My influence is likely to be significant in shaping student responses within interviews. It is noticeable that within the current study students express criticism of clinical practice however, there is minimal critique of university practice. Interviews conducted by a more neutral figure may have produced a

different emphasis. Lack of a research budget for this study meant that this was impossible to arrange but this point is important whilst planning future research.

Another possible limitation is that reflection on the findings of the IPA section found that themes emerging fit closely with pedagogical theory already discussed as part of background literature. This cast doubt upon the extent to which study themes in this section have ‘emerged’ from the data as clearly these originate in reading and studying done as part of this thesis. Whilst it may be impossible to remedy this situation, it is at least important to acknowledge it and to allow the reader to make a judgement about the extent to which this has influenced the study.

A possible limitation is in thematic evidence presented above. At the time of the study, all of the participants were either on the student mental nursing course or were practising as registered nurses. These people had succeeded to negotiate boundaries and communities encountered. However, not everyone finishes the course of training and some nurses do not succeed in practice. The question then arises as to what a similar study would show which set out to examine people who had been unsuccessful. Is it possible that findings would be very different? Alternately, would such a study confirm ideas about the effect that social factors have upon learning?

### **8.8: Contribution to knowledge**

This section considers the extent to which the study is original. Firstly, many of the study conclusions relate to theoretical ideas or research evidence originally developed within another context. Therefore part of the claim to originality for this study lies in the fact that the study is set within mental health nurse training and practice. For example, several authors discussed in this thesis (Cope *et al.* 2000; Ranse and Grealish, 2007; Thrysoe *et al.* 2012; Thrysoe *et al.* 2010a; Davis, 2006) have conducted studies into student nurse learning which

uses social CoP ideas as a theoretical framework. However, none of these focuses specifically on the learning of mental health student nurses.

In the previous chapter, the summary of study findings discussed the idea that there is an emotional link between professional identity and learning. This is an idea discussed by Wenger *et al.* (2014). The study also outlined ideas about a link between social identity formation and student approach to learning theories discussed by Fenton-O'Creevey *et al.* (2014). The thesis findings are novel in the application of this idea within the context of mental health nurse training.

There is a case to suggest that in this study the data analysis has some originality. Clearly, IPA is a well-developed study method. The study tool developed by Wenger *et al.* (2011) and used in this study is a more recent development and its application in the current study is not original. However, the combination of these two methods is an original application. This allowed the study to produce a more detailed analysis of data than would have otherwise been possible. For example, the conclusions discussed in chapter 8 about the extent to which the emotional nature of the identity changes discussed was less apparent with the value creation framework part of the analysis. The IPA analysis also contributed most strongly to the suggestion of a flow of ideas amongst people and this too did not emerge clearly from the value creation exercise.

The ideas developed about pedagogical application of study findings represent a break in the usual emphasis upon individual student approaches discussed in the opening part of this thesis. Part of the purpose of this thesis was to begin to identify how to integrate situated learning ideas into pedagogical practice. The possibility of including these ideas into practice is not something that my institution currently considers and in this relatively limited respect, the study findings have originality and potential value.

Although mental health nurse training and practice form the subject of this thesis, several of the ideas outlined above have potential application elsewhere. The data analysis approach developed in this thesis utilises an IPA method as well as the value creation tool developed by Wenger *et al.* (2011). This thesis provides some evidence that use of the two separate methods has strengthened the quality of data developed in this study. Clearly, this is an approach that could be used in other contexts.

Another possible application of the study findings is within wider pedagogical practice. The opening part of chapter one outlines an argument that higher education pedagogy is dominated by individual student approach ideas. This thesis is able to provide some evidence for the integration of social approaches to learning alongside those informed by individual learning approach theory. Clearly, this possibility potentially extends to any speciality area with higher education.

### **8.9: What additional research could take place?**

As discussed above, the study has touched upon connections between individual learning theories and accounts emphasising social factors. This was not something that the study set out to do and therefore this is only a tentative finding. An interesting avenue of further research would be to explore this in more detail. One way of doing this would be to administer a learning approaches questionnaire (i.e. as developed by Biggs, 2003b) to a group of students. The students could simultaneously complete a questionnaire examining social networks (i.e. as described by Scott, 2005). Within health care research, there is a great deal of international interest in links between social networks and health outcomes (i.e. Kogstad *et al.* 2013; Norstrand and Xu, 2011) and therefore further research could extend this health based work into examination of learning outcomes. A selection of students would also complete an interview based on the Wenger value creation analysis tool used in this thesis.

Quantitative data from student assessment outcomes would also add to the data gathered. The aim of the study would be to attempt identification of links between student social approaches, individual learning approach and assessment outcome in the context of CoP theory.

The idea that there may be Cop's within student cohorts was apparent (See discussion above). However, as this was not a specific study aim, the evidence to support this contention is minimal and this is only a tentative suggestion. The possibility that these groups within groups might influence learning outcomes is an interesting area to consider and this may represent an avenue of future study. Another possibility is that discussed in the above section whereby a study might be conducted into the possible relationship between team openness to learners and the quality of service provided in that area.

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## APPENDICES 1-10

### Appendix one: Original value creation grid developed by Wenger *et al.* (2011)

<b>Name:</b>	How participation is changing <b>me as a professional</b> (e.g. skills, attitude, identity, self-confidence, feelings, etc.)	How participation is affecting <b>my social connections</b> (e.g. number, quality, frequency, emotions, etc.)	How participation is helping <b>my professional practice</b> (e.g. ideas, insights, material procedures, etc.)	How participation is changing my ability to influence my world as a professional (voice, contribution, status, recognition, etc)
<b>Reasons for participation</b> (e.g., challenges, aspirations, professional development goals, meeting people, etc.) +/-				
<b>Activities, outputs, events, networking</b> (e.g., lesson material, discussion, visits, etc.) +/-				
<b>Value to me</b> (e.g., being a better professional, handling difficult situations, improving organizational performance, etc.) +/-				

Note: +/- Indicates that you can provide positive/ negative experiences.

(Copied from page 44 of: Wenger, E., Trayner, B. & De Laat, M. 2011. *Promoting and assessing value creation in communities and networks: a conceptual framework*. Rapport 18, Ruud de Moor Centrum, Open University of the Netherlands)



**Appendix 2:** Value creation grid with questions adapted for qualified nurses (See in conjunction with questions in table 3)

<b>Name:</b>	How participation is changing <b>me as a professional</b> (e.g. skills, attitude, identity, self-confidence, feelings, etc.)	How participation is affecting <b>my social connections</b> (e.g. number, quality, frequency, emotions, etc.)	How participation is helping <b>my professional practice</b> (e.g. ideas, insights, material procedures, etc.)
<b>Reasons for participation</b> (e.g., challenges, aspirations, professional development goals, meeting people, etc.) +/-	Q2a How do the above groups or contacts affect you as a nurse? I.e. what difference does it make to you as a professional, your skills, and feelings? Do you do things differently in your work? Does it help you to work with service users or colleagues?	Q3a How does participation affect your relationships with others? i.e. does this help you meet new groups/ new people/ friends/contacts or strengthen contacts etc.?	Q4a In what way have you changed what others do?
<b>Activities, outputs, events, networking</b> (e.g., lesson material, discussion, visits, etc.) +/-	Q2b What happens in the community/ network? What significant events or outputs are there? Face to face/ social media etc <i>examples?</i>	Q3b What sort of things happen? What outputs are there? How do you speak/contact / what specific events are there i.e. do you agree to meet again, find things out, share things etc. can you think of <i>examples?</i>	Q4b Specific activities, events or outputs / documents/ guidance new practice Any examples?
<b>Value to me</b> (e.g., being a better professional, handling difficult situations, improving organizational performance, etc.) +/-	Q2c What practical difference to your practice does any of this make? – I.e. what value do you take from this? Are you better prepared? Does it improve your performance? Does this solve problems or give you ideas etc.? <i>examples?</i>	Q3c What value did you gain? Have they made new friends/contacts, do they have a sense of who knows what & who could help?	Q4c What value did you get personally from this? I.e. <i>personal satisfaction/meeting personal or work targets?</i>

Note: +/- Indicates that you can provide positive/ negative experiences.

(Adapted from page 44 of: Wenger, E., Trayner, B. & De Laat, M. 2011. *Promoting and assessing value creation in communities and networks: a conceptual framework*. Rapport 18, Ruud de Moor Centrum, Open University of the Netherlands)

**Appendix 3:** Value creation grid with questions adapted for student nurses. (See in conjunction with questions in table 3)

<b>Name:</b>	How participation is changing <b>me as a professional</b> (e.g. skills, attitude, identity, self-confidence, feelings, etc.)	How participation is affecting <b>my social connections</b> (e.g. number, quality, frequency, emotions, etc.)	How participation is helping <b>my professional practice</b> (e.g. ideas, insights, material procedures, etc.)
<b>Reasons for participation</b> (e.g., challenges, aspirations, professional development goals, meeting people, etc.) +/-	Q2a How do the above groups or contacts affect you as a student? ( <i>either in university or in placement</i> ) I.e. what difference does it make to you as a student in university or in placement? How does it affect your skills, and feelings? What sort of things/issues do you ask about/ get advice about?	Q3a How does participation affect your relationships with others? ( <i>either in university or in placement</i> ) i.e. does this help you meet new groups/ new people/ friends/contacts or strengthen contacts etc.?	Q4a In what way have you changed what others do? ( <i>either in university or in placement</i> )
<b>Activities, outputs, events, networking</b> (e.g., lesson material, discussion, visits, etc.) +/-	Q2b What happens in the community/ network? How do you speak/contact / What significant events or outputs are there? Face to face/ social media etc <i>examples?</i>	Q3b What sort of things happen? What outputs are there? How do you speak/contact / what specific events are there i.e. do you agree to meet again, find things out, share things etc. can you think of <i>examples?</i>	Q4b Specific activities, events or outputs / documents/ guidance new practice Any examples?
<b>Value to me</b> (e.g., being a better professional, handling difficult situations, improving organizational performance, etc.) +/-	Q2c What difference does any of this make? What value do you get from this? – I.e. are you better prepared, Does it improve your performance in University or in placement? Does this solve problems or give you ideas etc? <i>examples?</i>	Q3c Value – what did you gain? Have they made new friends/contacts, do they have a sense of who knows what & who could help?	Q4c What value did you get personally from this? I.e. <i>personal satisfaction/meeting personal or academic/ practice placement targets?</i>

Note: +/- Indicates that you can provide positive/ negative experiences.

(Adapted from page 44 of: Wenger, E., Trayner, B. & De Laat, M. 2011. Promoting and assessing value creation in communities and networks: a conceptual framework. Rapport 18, Ruud de Moor Centrum, Open University of the Netherlands)

**Appendix 4:** Copy of email confirming ethical approval for study



**Appendix 5:** BCU approval to use students in study.



**Appendix 6:** Local NHS Trust approval to involve staff in study.



**Participant Information Sheet: Student Semi Structured interview**

**An evaluation of a Community of Practice approach to collaborative knowledge development amongst mental health nurse students and practitioners**

I would like to invite you to take part in a research study. Before you decide, you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish – you may also contact the people in charge of this study whose details can be found below. (Part 1 tells you the purpose of the study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study). Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

**What is the purpose of the study?**

This study is being completed as part of work I am doing towards an educational Doctorate (EdD) at the University of Birmingham. I am studying the effect that social relationships have upon learning.

**Why have I been invited?**

You have been invited to participate because you are a student mental health nurse.

**Do I have to take part?**

No, you do not have to take part.

Once you have read this information about the study you can decide whether you want to take part or not. You are free to withdraw at any time, without giving a reason and this will not affect your studies in any way.

**What will happen to me if I take part?**

You will be invited to complete an interview with me. Part of this interview will be audio recorded. Please also see the confidentiality section below.

**What are the possible risks or disadvantages of taking part?**

It is considered unlikely that there are any significant risks in your taking part in this study.

However, if the study uncovers evidence that you have witnessed unethical/ unprofessional or dangerous practice then you have a duty to report this to the University. Similarly, I am obliged to report any evidence about misconduct the University authorities.

Although it is considered very unlikely, it is possible that the interview may raise memories of experiences that have been upsetting for you. In this case, we have agreement from the head of BCU student counselling that you can contact them if you feel you need support with any issues raised in this study.

Student Services  
Birmingham City University

<https://icity.bcu.ac.uk/Student-Services>  
[www.bcu.ac.uk/studentservices](http://www.bcu.ac.uk/studentservices)

**What are the possible benefits of taking part?**

This study is primarily being conducted as part of my EdD study at the University of Birmingham. It is also intended that the study will be used to inform the development of the care planning teaching within BCU and also to enhance understanding about how people learn as part of a community.

**What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this will be given in part 2.

**Will my taking part in the study be kept confidential?**

Please note that your responses during the interview will be kept confidential and your identity will not be revealed to anyone else.

Audio recordings taken will be stored on a memory stick which will be kept within a locked cupboard at BCU. The final transcript will be anonymised to protect individual identity.

All data collected will be kept within a locked filing cabinet. No published data will identify individuals or individual areas. It is intended to keep data securely for 10 years from end of project in accordance with good practice identified in BCU guidance and as part of the Data protection Act 1988

More details are included in part 2.

*This completes Part 1.*

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

**Part 2 of the information sheet**

**What will happen if I don't want to carry on with the study?**

You are free to withdraw from the study at any time you wish – you can choose to have your data removed from the study. Please note that withdrawal from the study will not affect your relationship with the University, the researcher or your course in any way.

If you wish to withdraw you can inform me of this by contacting me or you can contact my supervisor Dr Karen Guldberg (Please see contact details below). Please note that once the data collection part of the study is completed (after November 2014) it may not be possible to completely remove any of your details from the study findings as elements of these will have been anonymised.

**What if there is a problem?**

If for any reason you have any concerns about any aspect of this research study then you should initially contact the lead researcher mentioned above. If I cannot satisfy your concerns then you should contact Dr Karen Guldberg who is the project supervisor (see details below)

**What will happen to the results of the research study?**

The findings from this study will be used towards the completion of my studies towards the award of an EdD at the University of Birmingham.

It is also intended to seek publication in a mental health nursing journal as well as possibly present findings at an appropriate national conference.

It is possible that anonymised quotes from participants may be used as part of any future presentation or publication and you should consider this when responding to questions in this interview.

**Who has reviewed the study?**

- This study has been discussed with my EdD supervisor Dr Karen Guldberg
- This study has been scrutinised and approved by the Humanities and Social Sciences Ethical Review Committee at the University of Birmingham
- Permission to access Birmingham City University students has been given by Professor Maxine Lintern.

**Further information and contact details**

For specific information about this research project or if you would like to be sent details of the completed study please contact:

Andrew Walsh  
Senior Lecturer  
Birmingham City University  
Faculty of Health  
City South Campus  
Edgbaston  
Birmingham  
B15 3TN



You can also contact the project supervisor regarding any issues arising from this study:

Dr Karen Guldberg  
School of Education  
University of Birmingham  
Edgbaston,  
Birmingham  
B15 2TT





## **Appendix 8: Participant information sheet (Registered nurses)**

Date: 19.06.2014  
Version Number: 03

### **Participant Information Sheet: Student Semi Structured interview**

#### **An evaluation of a Community of Practice approach to collaborative knowledge development amongst mental health nurse students and practitioners**

I would like to invite you to take part in a research study. Before you decide, you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish – you may also contact the people in charge of this study whose details can be found below.

(Part 1 tells you the purpose of the study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study).

Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

#### **What is the purpose of the study?**

This study is being completed as part of work I am doing towards an educational Doctorate (EdD) at the University of Birmingham. I am studying the effect that social relationships have upon learning.

#### **Why have I been invited?**

You have been invited to participate because you are a practising mental health nurse.

#### **Do I have to take part?**

No, you do not have to take part.

Once you have read this information about the study you can decide whether you want to take part or not. You are free to withdraw at any time, without giving a reason and this will not affect your studies in any way.

#### **What will happen to me if I take part?**

You will be invited to complete an interview with me. Part of this interview will be audio recorded, please also see the confidentiality section below.

#### **What are the possible risks or disadvantages of taking part?**

It is considered unlikely that there are any significant risks in your taking part in this study.

However, if the study uncovers evidence that you have witnessed unethical/ unprofessional or dangerous practice then you have a duty to report this to the University. Similarly, I am obliged to report any evidence about misconduct the University authorities.

Although I think it very unlikely, it is possible that the interview may raise memories of experiences that have been upsetting for you. In this case, you should access the information about staff counselling support on the following URL.

<https://icity.bcu.ac.uk/student-services/health-and-wellbeing/counselling-service/Staff/Staff-Counselling>

### **What are the possible benefits of taking part?**

This study is primarily being conducted as part of my EdD study at the University of Birmingham. It is also intended that the study will be used to inform the development of the care planning teaching within BCU and also to enhance understanding about how people learn as part of a community.

### **What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed; initially you should bring any problem to the attention of the lead researcher (See details below) and you can also contact Dr Karen Guldborg who is supervisor for this study. The detailed information on this is given in part 2.

### **Will my taking part in the study be kept confidential?**

Please note that your responses during the interview will be kept confidential and your identity will not be revealed to anyone else. Audio recording will be stored in a password protected BCU computer. This recording will be kept securely for ten years and will then be permanently deleted. The audio recording will not be shared with anyone else.

More details are included in part 2.

*This completes Part 1.*

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

## **Part 2 of the information sheet**

### **What will happen if I don't want to carry on with the study?**

You are free to withdraw from the study at any time you wish – you can choose to have your data removed from the study.

If you wish to withdraw you can inform me of this by contacting me or you can contact my supervisor Dr Karen Guldborg (Please see contact details below). Please note that once the data collection part of the study is completed (after October 2014) it may not be possible to completely remove any of your details from the study findings as elements of these will have been anonymised.

### **What if there is a problem?**

If for any reason you have any concerns about any aspect of this research study then you should initially contact the lead researcher mentioned above. If I cannot satisfy your concerns then you should contact Dr Karen Guldborg who is the project supervisor (see details below)

Yes, the confidentiality of study participants will be maintained through the following processes:

- ### What will happen to the results of the research study?

It is also intended to seek publication in a mental health nursing journal as well as possibly present findings at an appropriate national conference.

It is possible that anonymised quotes from participants may be included as part of any future presentation or publication and you should consider this when responding to questions in this interview.

- This study has been discussed with my EdD supervisor Dr Karen Guldberg
- This study has been scrutinised and approved by the Humanities and Social Sciences Ethical Review Committee at the University of Birmingham
- Permission to access Birmingham City University staff has been given by Professor Maxine Lintern.

For specific information about this research project or if you would like to be sent details of the completed study please contact:

\_\_\_\_\_

\_\_\_\_\_

Response	Percentage
Yes	75%
No	25%

**Appendix 9: Value creation narratives mapped**  
**Student one value creation narrative.**

Participation with care discussion activity	How is group participation changing what you do as a student?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
Reasons of participation.	<p>Helps me to be sure that I have understood assignment properly</p> <p>Helps me to understand ideas</p> <p>Helps me to work out what to do in placement</p> <p>Helps me to work out who is useful to my studies or not</p> <p>Showing interest is important in placement</p> <p>Useful to hear a different perspective</p> <p>Useful to work out if information is important or useful</p> <p>Emotional support</p> <p>Have to be careful who I ask power relations</p>	<p>Range of contacts broadens</p> <p>People like being consulted or asked to advise</p> <p>I am more confident with other people</p> <p>I am able to help others myself</p> <p>Helps me to meet new people</p> <p>Blend of social and formal contacts develop</p>	<p>We have to be careful about the relationship between ourselves and the placement staff</p> <p>I was able to advise other students</p> <p>Support is mutual</p> <p>Sometimes we are critical of what goes on in placement</p>	<p>OK the dissertation – we were actually speaking about the dissertation and I was bouncing some ideas off him and naturally it got onto his dissertation and his question that he had come up with was very poor – it was something like interventions for self-harm or something &amp; I was trying to give him some advice saying you probably want to be a bit more specific because if you are looking at every single intervention you are really going to struggle to narrow it down to one intervention so you might want to narrow it down to one or at least two interventions – but even that might be tricky in the word count and because he couldn't grasp it and he was saying no my question is fine but because of that I thought I'm not going to talk to you about my dissertation anymore because there is absolutely no point me talking to you about mine when you are struggling with yours so much, that might seem a bit harsh but there is no point in my getting advice from someone who can't help me</p> <p><i>Describe a specific resource this activity produced e.g. a new idea, a contact, a note etc. &amp; why student thought it would be useful</i></p> <p>I went &amp; spoke to someone else who I know has done well on the course and are well on their way to a first averaging 90% and I know that this person has a masters in a previous course so their research techniques are probably better than average</p> <p>Outcome:</p> <p>Personal: Ask how it affected success e.g. doing something better/ more satisfying etc.</p> <p>I got the answers I needed</p>
Activities, outputs, events	<p>Useful conversations</p> <p>Contacted other professionals</p> <p>Email correspondence</p> <p>Mahara or social media contact</p> <p>Speak to students ahead or behind me on the course</p>	<p>Developed links – online and personal</p> <p>Developed links with more senior students</p> <p>'Putting the world to rights' : Thinking about how to change things</p>	<p>I have brought new ideas into placement</p> <p>We influence each other's learning by sharing ideas</p> <p>Find that theory and practice is different</p> <p>Questioning established practice is difficult</p>	
Value to the participant.	<p>Reassurance corrects or confirms my understanding</p> <p>Helps to locate my academic work in practice</p> <p>Increased my confidence in placement</p>	<p>Get a feel for who is knowledgeable and trustworthy</p> <p>Helps me to develop new contacts</p> <p>Helps me to develop my own ideas</p> <p>It is personally satisfying gratifying</p> <p>Able to copy others good practice</p>	<p>Gain emotional support</p> <p>Helped me to understand things better</p> <p>I compare notes with others who have had similar problems</p> <p>Support allowed me to achieve success</p>	

## Student 1 narrative 2

Participation with care discussion activity	How is group participation changing what you do as a student?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b>	<p>Helps me to be sure that I have understood assignment properly</p> <p>Helps me to understand ideas</p> <p>Helps me to work out what to do in placement</p> <p>Helps me to work out who is useful to my studies or not</p> <p>Showing interest is important in placement</p> <p>Useful to hear a different perspective</p> <p>Useful to work out if information is important or useful</p> <p>Emotional support</p> <p>Have to be careful who I ask power relations</p>	<p>Range of contacts broadens</p> <p>People like being consulted or asked to advise</p> <p>I am more confident with other people</p> <p>I am able to help others myself</p> <p>Helps me to meet new people</p> <p>Blend of social and formal contacts develop</p>	<p>We have to be careful about the relationship between ourselves and the placement staff</p> <p>I was able to advise other students</p> <p>Support is mutual</p> <p>Sometimes we are critical of what goes on in placement</p>	<p>I was speaking to a guy who was in for depression and he was still working but on the brink of losing his job and I hadn't met him before and the first time I met him I was very anxious on my early placements and I didn't really say a lot at first to be honest because you don't really know what to say when you are dealing with people for the first time and I was clearly kind of stuck for words &amp; we kind of fudged through a one to one session about how he was feeling and the conversation wouldn't flow at all and it was all me humming and erring a lot and stopping and at the end I said you probably worked this out but this is my first placement and I'm a student and I haven't done this before and he was like yeah I can tell &amp; I asked him for honest feedback and he laughed a bit which I suppose is probably a good thing given his diagnosis and luckily he laughed and said you know he kind of gave me informal feedback like just relax a bit, I'm not detained here like a prison because of my background I was sat like ready to run because obviously all people with mental illness are dangerous and he specifically said just relax, we are people here for your help</p> <p>I think it made me understand the fact that in university they teach person centered care and humanistic approach and the Rogerian principles and stuff &amp; being non-judgmental but it's very easy to learn all that stuff in a book but until someone actually says to you please can you speak to me like a person I think that reinforces the fact that we are dealing with people who have real lives</p>
<b>Activities, outputs, events</b>	<p>Useful conversations</p> <p>Contacted other professionals</p> <p>Email correspondence</p> <p>Mahara or social media contact</p> <p>Speak to students ahead or behind me on the course</p>	<p>Developed links – online and personal</p> <p>Developed links with more senior students</p> <p>'Putting the world to rights' : Thinking about how to change things</p>	<p>I have brought new ideas into placement</p> <p>We influence each other's learning by sharing ideas</p> <p>Find that theory and practice is different</p> <p>Questioning established practice is difficult</p>	
<b>Value to the participant.</b>	<p>Reassurance corrects or confirms my understanding</p> <p>Helps to locate my academic work in practice</p> <p>Increased my confidence in placement</p>	<p>Get a feel for who is knowledgeable and trustworthy</p> <p>Helps me to develop new contacts</p> <p>Helps me to develop my own ideas</p> <p>It is personally satisfying gratifying</p> <p>Able to copy others good practice</p>	<p>Gain emotional support</p> <p>Helped me to understand things better</p> <p>I compare notes with others who have had similar problems</p> <p>Support allowed me to achieve success</p>	

### Student 2 value creation narrative

Participation with care discussion activity	How is group participation changing what you do as a student?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b> Helps me to be sure that I have understood assignment properly Helps me to understand ideas Helps me to work out what to do in placement Helps me to work out who is useful to my studies or not Showing interest is important in placement Useful to hear a different perspective Useful to work out if information is important or useful Emotional support Have to be careful who I ask power relations	Helps me to be sure that I have understood assignment properly Helps me to understand ideas Helps me to work out what to do in placement Helps me to work out who is useful to my studies or not Showing interest is important in placement Useful to hear a different perspective Useful to work out if information is important or useful Emotional support Have to be careful who I ask power relations	Range of contacts broadens People like being consulted or asked to advise I am more confident with other people I am able to help others myself Helps me to meet new people Blend of social and formal contacts develop	We have to be careful about the relationship between ourselves and the placement staff I was able to advise other students Support is mutual Sometimes we are critical of what goes on in placement	I was doing it (personal care) with a third year student and <u>she didn't know what she was doing, it was a disaster.</u> It was my first placement and her second from last placement but <u>she was asking me what to do and that was her first older adult placement also and she'd never done personal care in all her years</u> I did do it one more time and the <u>HCA guided me about what was the best way to do it and what they are looking for and what the patient wants like dignity and so on.</u> What she said about how to do it- it kind of felt like it was a quick option but maybe that's a <u>good thing in some ways as long as the patient wasn't hurt because if it was me I'd want it over and done with as soon as possible I wouldn't want any beating around the bush I'd want it over quick so I don't know</u>
<b>Activities, outputs, events</b> Useful conversations Contacted other professionals Email correspondence Mahara or social media contact Speak to students ahead or behind me on the course	Useful conversations Contacted other professionals Email correspondence Mahara or social media contact Speak to students ahead or behind me on the course	Developed links – online and personal Developed links with more senior students 'Putting the world to rights' : Thinking about how to change things	I have brought new ideas into placement We influence each other's learning by sharing ideas Find that theory and practice is different Questioning established practice is difficult	What she said about how to do it- it kind of felt like it was a quick option but maybe that's a <u>good thing in some ways as long as the patient wasn't hurt because if it was me I'd want it over and done with as soon as possible I wouldn't want any beating around the bush I'd want it over quick so I don't know</u>
<b>Value to the participant.</b> Reassurance corrects or confirms my understanding Helps to locate my academic work in practice Increased my confidence in placement	Reassurance corrects or confirms my understanding Helps to locate my academic work in practice Increased my confidence in placement	Get a feel for who is knowledgeable and trustworthy Helps me to develop new contacts Helps me to develop my own ideas It is personally satisfying gratifying Able to copy others good practice	Gain emotional support Helped me to understand things better I compare notes with others who have had similar problems Support allowed me to achieve success	What she said about how to do it- it kind of felt like it was a quick option but maybe that's a <u>good thing in some ways as long as the patient wasn't hurt because if it was me I'd want it over and done with as soon as possible I wouldn't want any beating around the bush I'd want it over quick so I don't know</u>

### Student 5 value creation narrative

Participation with care discussion activity	How is group participation changing what you do as a student?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b> Helps me to be sure that I have understood assignment properly Helps me to understand ideas Helps me to work out what to do in placement Helps me to work out who is useful to my studies or not Showing interest is important in placement Useful to hear a different perspective Useful to work out if information is important or useful Emotional support Have to be careful who I ask power relations	Helps me to be sure that I have understood assignment properly Helps me to understand ideas Helps me to work out what to do in placement Helps me to work out who is useful to my studies or not Showing interest is important in placement Useful to hear a different perspective Useful to work out if information is important or useful Emotional support Have to be careful who I ask power relations	Range of contacts broadens People like being consulted or asked to advise I am more confident with other people I am able to help others myself Helps me to meet new people Blend of social and formal contacts develop	We have to be careful about the relationship between ourselves and the placement staff I was able to advise other students Support is mutual Sometimes we are critical of what goes on in placement	<p>I was in the library and one of the second years was doing an assignment and she must have <u>overheard us first years</u> talking about we're about to go on our first placement and then she <u>was giving us tips about placement</u> and stuff and she said <u>you need to always be on your feet al. ways asking to do stuff and to seem very keen because that is the only way you are actually going to learn and if you put in the effort then they are willing to put in an effort for you –</u></p> <p>so words of wisdom guess so you actually take what they say on board because they have already been through the process and actually apply it to your work.</p> <p><u>This changed what I did in placement</u>, I was always on my toes asking how do I do this, what would you like me to do, do you need any help with this and so on, or can I help do this with you</p>
<b>Activities, outputs, events</b>	Useful conversations Contacted other professionals Email correspondence Mahara or social media contact Speak to students ahead or behind me on the course	Developed links – online and personal Developed links with more senior students ‘Putting the world to rights’ : Thinking about how to change things	I have brought new ideas into placement We influence each other's learning by sharing ideas Find that theory and practice is different Questioning established practice is difficult	<p>It was good advice, in the end I <u>did get nominated for an award</u> and all the staff really did like me and I built a good rapport with <u>all the patients and the days I was off they were like I wish you were in.</u></p>
<b>Value to the participant.</b>	Reassurance corrects or confirms my understanding Helps to locate my academic work in practice Increased my confidence in placement	Get a feel for who is knowledgeable and trustworthy Helps me to develop new contacts Helps me to develop my own ideas It is personally satisfying gratifying Able to copy others good practice	Gain emotional support Helped me to understand things better I compare notes with others who have had similar problems Support allowed me to achieve success	

### Student 7 value creation narrative

Participation with care discussion activity	How is group participation changing what you do as a student?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b>	Helps me to be sure that I have understood assignment properly Helps me to understand ideas Helps me to work out what to do in placement Helps me to work out who is useful to my studies or not Showing interest is important in placement Useful to hear a different perspective Useful to work out if information is important or useful Emotional support Have to be careful who I ask power relations	Range of contacts broadens People like being consulted or asked to advise I am more confident with other people I am able to help others myself Helps me to meet new people Blend of social and formal contacts develop	<b>We have to be careful about the relationship between ourselves and the placement staff</b> I was able to advise other students Support is mutual <b>Sometimes we are critical of what goes on in placement</b>	<u>I suppose there are ways of asking questions that aren't confrontational – you have to be really careful.</u>  Thinking back to my last placement there was a lady who had been very unwell she had quite a few hospitalisations in the last year and basically she wanted to go back to work but the Doctor was saying she shouldn't until the end of the year because of how unwell she'd been.  <u>And I got involved in trying to find her things to keep occupied and things that would interest her</u> and ways to constructively use her day because she'd just sit at home and she was saying I don't want to do your physical health activities I don't want to do walking groups I want to get back to work & I think this had been going on for quite a long time so I suppose it all came to a head and she looked like she was relapsing  <u>so I started raising the question well why can't she work what's the evidence that to show that she can't work at the moment and is there some kind of coercive element to this like you need to stay off work kind of thing and so I negotiated maybe she should try some voluntary work instead so she'd be able to do the same sort of job and keeping her hand in with skills which were important to her without it affecting her benefits so shed still got the same money and things like that</u>  she did seem to run with the idea. It's just trying to break that cycle of anything offered to her she'd turn it down and we'd go away and do it all against so instead of working against her work a little more with her.  <u>I tried to do it quite gently you can't come in as a student and just try and change everything</u>
<b>Activities, outputs, events</b>	Useful conversations Contacted other professionals Email correspondence Mahara or social media contact Speak to students ahead or behind me on the course	Developed links – online and personal Developed links with more senior students 'Putting the world to rights' : Thinking about how to change things	<b>I have brought new ideas into placement</b> We influence each other's learning by sharing ideas Find that theory and practice is different <b>Questioning established practice is difficult</b>	
<b>Value to the participant.</b>	Reassurance corrects or confirms my understanding Helps to locate my academic work in practice Increased my confidence in placement	Get a feel for who is knowledgeable and trustworthy Helps me to develop new contacts Helps me to develop my own ideas It is personally satisfying gratifying Able to copy others good practice	Gain emotional support Helped me to understand things better I compare notes with others who have had similar problems Support allowed me to achieve success	



### Student 7 value creation narrative 2

Participation with care discussion activity	How is group participation changing what you do as a student?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b> Helps me to be sure that I have understood assignment properly <u>Helps me to understand ideas</u> Helps me to work out what to do in placement Helps me to work out who is useful to my studies or not Showing interest is important in placement Useful to hear a different perspective Useful to work out if information is important or useful Emotional support Have to be careful who I ask power relations	Helps me to work out what to do in placement Helps me to work out who is useful to my studies or not Showing interest is important in placement Useful to hear a different perspective Useful to work out if information is important or useful Emotional support Have to be careful who I ask power relations	Range of contacts broadens People like being consulted or asked to advise I am more confident with other people I am able to help others myself Helps me to meet new people Blend of social and formal contacts develop	We have to be careful about the relationship between ourselves and the placement staff I was able to advise other students Support is mutual Sometimes we are critical of what goes on in placement	Today I was sat in the computer room with X and working on the essay and we were both talking about writing critically and we're not sure if we can write critically and all this sort of stuff and we had a discussion about it and she recommended a couple of text books that I can go and have a look at and she said she'd been down to student support department and they said that there were drop in sessions & I wouldn't have known that there were drop in sessions but now I can access that. But it's just that extra reassurance because the essay is pretty much written but it's that extra push. Sometimes it's just talking it out, you know sometimes when someone is talking to you and they don't want a solution they just want to – sometimes they do but sometimes they just want to talk it out loud in order to make sense of it – its clarifying your thinking.
<b>Activities, outputs, events</b> <u>Useful conversations</u> Contacted other professionals Email correspondence Mahara or social media contact Speak to students ahead or behind me on the course	<u>Useful conversations</u> Contacted other professionals Email correspondence Mahara or social media contact Speak to students ahead or behind me on the course	<u>Developed links – online and personal</u> Developed links with more senior students 'Putting the world to rights' : Thinking about how to change things	I have brought new ideas into placement <u>We influence each other's learning by sharing ideas</u> Find that theory and practice is different Questioning established practice is difficult	
<b>Value to the participant.</b> <u>Reassurance corrects or confirms my understanding</u> Helps to locate my academic work in practice Increased my confidence in placement	<u>Reassurance corrects or confirms my understanding</u> Helps to locate my academic work in practice Increased my confidence in placement	Get a feel for who is knowledgeable and trustworthy Helps me to develop new contacts <u>Helps me to develop my own ideas</u> It is personally satisfying gratifying Able to copy others good practice	Gain emotional support <u>Helped me to understand things better</u> I compare notes with others who have had similar problems Support allowed me to achieve success	

**Qualified nurse value creation narratives**  
**Nurse 5 value creation narrative**

Participation with care discussion activity	How is group participation changing your nursing practice?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b>	Better knowledge of where to find information Developed understanding of specific clinical issues Evaluate or improve own my practice Helps me manage and implement changes Helps me to manage other staff Keeping up with practice development or changing requirements More able to understand the needs of clients or colleagues <b>Sharing or new ideas with others</b>	2 way flow of information mutual help Help to find new sources of information I feel more confident Learned to appreciate that people see the world differently Value of doing things with people <b>Value of formal and informal contact</b> Wide variety of contacts	I am able to coach people I influence people by working alongside them I can help people to network with others Influencing others also benefits me I help people to simulate practice Credibility is important My experience allows me to influence others	With a project I am involved with at the moment I wasn't sure of how to make it work within the environment I work in so I have gone elsewhere where it's kind of been set up and we looked at being involved in focus groups with <u>staff from the other service and them identified how they kind of started to roll it in and we were able to use where they didn't do it quite so well and it's been good because there's the fact that I can think about how to adapt that into the environment where I currently work – that was from a formal contact about being invited to a regional forum relating to that kind of project to a degree then that it was being implemented elsewhere in other areas, not just within health to a degree that I was able to link up and see how they had done it and vice versa they have linked up and seen where we are in the project as well. It's been of value because they have had teething problems and we have had teething problems but they were kind of different teething problems therefore we have been able to put them together and work out how we kind of put some action plans in place – its enhanced the project because we have been able to move on without having some of the stumbling blocks.</u>
<b>Activities, outputs, events</b>	A useful conversation email contact meeting with others or conference Focus groups Passing people on to other sources of help	<b>Developed links with other services</b> <b>Useful to compare my practice with others</b>	I am able to operate more independently	
<b>Value to the participant.</b>	Reassurance that I'm doing things right Helps me make sense of things Awareness of others perspectives <b>Able to see problems from different angles</b>	I pick and choose who to speak to Developed a range of new contacts	Personal satisfaction Spurs me on to learn more	

### Nurse 2 value creation narrative 1

Participation with care discussion activity	How is group participation changing your nursing practice?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b> Better knowledge of where to find information Developed understanding of specific clinical issues Evaluate or improve own my practice Helps me manage and implement changes Helps me to manage other staff Keeping up with practice development or changing requirements More able to understand the needs of clients or colleagues Sharing or new ideas with others	Better knowledge of where to find information Developed understanding of specific clinical issues Evaluate or improve own my practice Helps me manage and implement changes Helps me to manage other staff Keeping up with practice development or changing requirements More able to understand the needs of clients or colleagues Sharing or new ideas with others	2 way flow of information mutual help Help to find new sources of information I feel more confident Learned to appreciate that people see the world differently Value of doing things with people Value of formal and informal contact Wide variety of contacts	I am able to coach people I influence people by working alongside them I can help people to network with others Influencing others also benefits me I help people to simulate practice Credibility is important My experience allows me to influence others	<p>get advice generally through people as I have just discussed through a multi-agency point of view</p> <p>from a MH perspective it would be other colleagues in the service who might have more knowledge in a particular area.</p> <p>I get quite a lot of support through our named safeguarding Doctor for children I quite often pick his brain for things related to specifics</p> <p>so there would be people that I would go to for particular answers that I suppose I know are expert in whatever field it is they are looking for internally and externally so if I were perhaps concerned about a child from a physical health perspective I would be talking to my colleagues in the health visiting service who would have knowledge that I might not have</p>
<b>Activities, outputs, events</b> A useful conversation email contact meeting with others or conference Focus groups Passing people on to other sources of help	A useful conversation email contact meeting with others or conference Focus groups Passing people on to other sources of help	Developed links with other services Useful to compare my practice with others	I am able to operate more independently	<p>particular answers that I suppose I know are expert in whatever field it is they are looking for internally and externally so if I were perhaps concerned about a child from a physical health perspective I would be talking to my colleagues in the health visiting service who would have knowledge that I might not have</p>
<b>Value to the participant.</b> Reassurance that I'm doing things right Helps me make sense of things Awareness of others perspectives Able to see problems from different angles	Reassurance that I'm doing things right Helps me make sense of things Awareness of others perspectives Able to see problems from different angles	I pick and choose who to speak to Developed a range of new contacts	Personal satisfaction Spurs me on to learn more	<p>particular answers that I suppose I know are expert in whatever field it is they are looking for internally and externally so if I were perhaps concerned about a child from a physical health perspective I would be talking to my colleagues in the health visiting service who would have knowledge that I might not have</p>

### Nurse 2 value creation narrative 2

Participation with care discussion activity	How is group participation changing your nursing practice?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b>	Better knowledge of where to find information Developed understanding of specific clinical issues Evaluate or improve own my practice Helps me manage and implement changes Helps me to manage other staff Keeping up with practice development or changing requirements More able to understand the needs of clients or colleagues Sharing or new ideas with others	2 way flow of information mutual help Help to find new sources of information I feel more confident Learned to appreciate that people see the world differently Value of doing things with people Value of formal and informal contact Wide variety of contacts	I am able to coach people I influence people by working alongside them I can help people to network with others Influencing others also benefits me I help people to simulate practice Credibility is important My experience allows me to influence others	An example from today I have had a call from a primary care service related to someone that they have triaged, this person they thought potentially posed a significant risk to perhaps workers or to their family members and they haven't got a great deal of detail about this person although they knew he had been released from prison recently <u>so I happen to know somebody who was one of the service managers within the prison so I contacted him to see if he could give me any further details related to the risk so I can support the practitioner and plan for just how to work with this individual.</u>
<b>Activities, outputs, events</b>	A useful conversation email contact meeting with others or conference Focus groups Passing people on to other sources of help	Developed links with other services Useful to compare my practice with others	I am able to operate more independently	
<b>Value to the participant.</b>	Reassurance that I'm doing things right Helps me make sense of things Awareness of others perspectives Able to see problems from different angles	I pick and choose who to speak to Developed a range of new contacts	Personal satisfaction Spurs me on to learn more	

### Nurse 4 value creation narrative.

Participation with care discussion activity	How is group participation changing your nursing practice?	How participation is affecting your social relations?	How participation has allowed the person to influence others.	Value creation narrative
<b>Reasons of participation.</b>	Better knowledge of where to find information Developed understanding of specific clinical issues Evaluate or improve own my practice Helps me manage and implement changes Helps me to manage other staff Keeping up with practice development or changing requirements More able to understand the needs of clients or colleagues Sharing or new ideas with others	2 way flow of information mutual help Help to find new sources of information I feel more confident Learned to appreciate that people see the world differently Value of doing things with people Value of formal and informal contact Wide variety of contacts	I am able to coach people I influence people by working alongside them I can help people to network with others Influencing others also benefits me I help people to simulate practice Credibility is important  My experience allows me to influence others	I think one recent situation where we had a student who was asking about whether she could meet up with a patient after the patient had been discharged a first year students around boundaries we had similar issues with one of the HCA's not in terms of doing anything wrong but maybe with this particular patient who has a BPD diagnosis getting too close, maybe blurring boundaries student, patient similar ages, lots of things in common  and actually just reiterating through handovers, team meetings that we are here to care for people, we are not their friends and that can be quite a tough thing when you are just starting out to get your head around  yes you can be friendly you can be a friendly professional but that's where it finishes when people are discharged from here they are still patients and you are still in your role as either a student or a health care professional.  So that's around role modelling and consistent and boundaried nursing with certain patients who will push the limit.  boundaries were maintained and it opened up a discussion around there will be people that you meet in this career that you think I have got a connection with them I understand them but at the same time you are nursing them and that any contact is professional contact and that is that.
<b>Activities, outputs, events</b>	A useful conversation email contact meeting with others or conference Focus groups Passing people on to other sources of help	Developed links with other services Useful to compare my practice with others	I am able to operate more independently	
<b>Value to the participant.</b>	Reassurance that I'm doing things right Helps me make sense of things Awareness of others perspectives Able to see problems from different angles	I pick and choose who to speak to Developed a range of new contacts	Personal satisfaction Spurs me on to learn more	

## Appendix 10: Literature search schedule

### **Topic.**

Using a Community of Practice approach to understand collaborative knowledge development amongst mental health nurse students and practitioners

### **Research questions.**

- How does student social participation support development of learning for student mental health nurses?
- How does community participation support the practice of qualified mental health nurses?
- What are the implications of this study for pedagogical design?

### **Limits**

#### **Dates**

2004 - present day

#### **Languages**

English

#### **Country**

Any

#### **Include**

Peer reviewed papers published in academic journals

Research informed by COP theory into workplace practice

#### **Exclude.**

Studies not using CoP theory as a main theoretical basis

Studies describing attempts to establish COP's in existing workplaces

Non research studies i.e. discussion papers/ opinion pieces

Non peer reviewed studies

### **Key Words/ Search terms**

Communities/Community of Practice

Communities/Community of Practice *and* learning/education/healthcare education/healthcare practice